



Independent Study Form

PLEASE PRINT OR TYPE

Student Name:
Course Title:
Course Number/Section:
Instructor:
Term (Check): Fall Spring Summer 20____

1. Please explain the reason for Independent Study.

DEAN'S SIGNATURE/DATE: _____

2. Please describe or attach the content of the course.

3. Please describe or attach the conduct of the course. What kind of work will the student produce? How often will you meet with the student to discuss progress?

4. Please describe or attach the grading requirements.

INSTRUCTOR'S SIGNATURE/DATE: _____

STUDENT'S SIGNATURE/Date: _____

By signing this form, the student agrees to complete all course requirements as listed.
FOR OFFICE OF THE REGISTRAR USE ONLY.