

## **Independent Study Request Form**

Once completed, this form should be submitted to the Registrar's Office-Macmillan 202. Students will not officially be registered for the Independent Study until the request is approved by the Curriculum Committee.

ID#:	Name:		Exp. Grad. Year:		
Major/minor (if declare	ed):	Class:□ First-year	r □ Sophomore □ J	unior □ Senior	
Semester/Term: □ Fall		□ Spring	□ Summer		
			Year		
Discipline of the Indep	pendent Study:3	399; Credit value	∍ (1-3 hours):		
Coursework will be at f	the 300 level unless checked here_	and justified:			
Do you plan to apply to	o study abroad? □ Yes □ No If so,	when? □ Fall Year			
☐ Required course in ☐ ☐ Elective in: ☐ major ☐ ☐ Free elective		y for			
1. Give a detailed reason for the request for an Independent Study:					
2. Attach a complete description of the course, including course objectives, method of approach to the topic and the means used for final evaluation. NOTE: Failure to complete this will result in your request being denied.  Date work will be completed:					
·				 Date:	
_	d:			Date:	
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For Office Use Only:  ☐ Approved ☐ Not Approved		Į.	Independent Study #_		
		Date:			
Curriculum Committee C	Chair				
Comment:					