

REQUEST FOR AN INDEPENDENT STUDY COURSE
REGISTRAR'S OFFICE



STUDENT INFORMATION

_____	_____	_____
Last Name	First Name	Student ID Number
_____		_____
Major/Minor		Declared Catalog

COURSE INFORMATION

_____	_____	_____
Course Number	Course Title	Credit Hours
Term and year course will be taken: _____		

INSTRUCTOR			
_____	_____	_____	_____
Instructor's signature	Date	Approved	Denied
Instructor's comments: _____			

*A STANDARD SYLLABUS MUST BE ATTACHED			

ADVISOR

_____	_____	_____	_____
Advisor's signature	Date	Approved	Denied
Advisor's comments: _____			

DEPARTMENT CHAIR

_____	_____	_____	_____
Department Chair's signature	Date	Approved	Denied
Department Chair's comments: _____			

COLLEGE DEAN

_____	_____	_____	_____
College Dean's signature	Date	Approved	Denied
College Dean's comments: _____			

RETURN THIS FORM WITH THE SYLLABUS TO THE REGISTRAR'S OFFICE

OFFICE USE ONLY

_____	_____	_____
Date Processed	By (initials)	Notes