

## Application for Independent Study

**DIRECTIONS:** (1) Complete the form. (2) Secure signature in the following order: supervising faculty member, advisor, chair. (3) Give copies to supervising faculty member, advisor, school secretary.

Name: \_\_\_\_\_ E# \_\_\_\_\_ Term \_\_\_\_\_

Address: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Total Credits Earned to Date: \_\_\_\_\_ G.P.A \_\_\_\_\_ Major: \_\_\_\_\_

Course Number: \_\_\_\_\_ Semester Hrs. \_\_\_\_\_ Area of Study: \_\_\_\_\_

Study Title: \_\_\_\_\_

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**Outline of Experience and/or Research:**

**Evaluation Procedure:**

Date: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_ Signature/Supervising Faculty: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Advisor: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Chair: \_\_\_\_\_