Eastern Illinois University School of Technology

Application for Independent Study

Student Name: E‐Number:

EIU Email: Phone:

Major:

Supervising Faculty Name:

Semester/Year of Independent Study:

Course Title (i.e., DGT 3920, DGT 4444, TEC 5990):

Number of Credit Hours:

Title of Independent Study Project:

Outline of Experience and/or Research:

Student and supervising faculty member have agreed to the following evaluation procedure:

Supervising Faculty Signature: Date:

Academic Advisor Signature: Date:

Chair Signature: Date: