

**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., AET 3920, AET 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: