

INDEPENDENT STUDY REQUEST

_____ **INDEPENDENT STUDY** _____ **DIRECTED STUDY** **SEMESTER** _____ **YEAR** _____

NAME _____ ID _____ DATE _____

Course requested: Dept. _____ Number _____ Title _____ Sem Hrs _____

Reason for request _____

This would be the student's (first, second, third, etc.) _____ course by independent study.

Advisor's Signature _____

Student Signature _____

Do not write below this line

Approval Denial

_____ 1. Requested Instructor _____ Date _____

Reason for denial _____

_____ 2. Department Chair _____ Date _____

Reason for denial _____

_____ 3. Registrar _____ Date _____

Reason for denial _____

White: Graduate Office (if Grad course) Yellow: Instructor Pink: Registrar Gold: Business Office