

## **Independent Study Course – Request Form**

Name	e of Student:		Student	: No.:			
Majo	r:	Number of cred	dits complete	d:			
Antic	ipated Graduation Date	e:Fall	.Spring		Summer		
	above mentioned stude	•			•	t study course	
Numl	ber of credits of the co	urse:Th fee for	the course is	85JD pe	er credit hour		
Opini	on of Advisor/Reason	for request:					
Appro	oval of Chairperson:		Approva	al of Dea	n.:		
To be	completed by the Cha	airperson of the	department	in which	the course is	s offered	
The i	nstructor assigned to t	each the course	e is:				
Appro	oval of Instructor:						
This for Ac	ne instructor form together with a stu cademic Affairs forapp dule of meetings, the u cd and approved be the	roval. The cont units to be cove	tract is an o ered and met	utline of hods of	thecourse in evaluation. T	ndicating clearly the contract must be	ne
Appro	oval of Assistant Vice F	President for Ac	ademic Affair	rs:			
Date:							
CC:	FinanceOffice Registrar'sOffice Instructor	Dean Chairperson Advisor					