

Independent Study Registration Form

Student's Name: _____ UID: _____

Academic Term: _____ Current Year Level: _____ Catalog Number: _____

Title of Proposal: _____

Faculty Sponsor: _____

Date of Student's Application: _____

Number of Credit Hours: _____ Fall: _____ Spring: _____

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List objectives below

Description of Proposal



Methods of Evaluation

_____ Date _____
Approved by Faculty Sponsor

_____ Date _____
Approved by Department Head

_____ Date _____
Approved by Other Appropriate Department