

INDEPENDENT STUDY

Student's Name: _____

Course Number: _____

Title of Proposal: _____

Faculty Sponsor: _____

Date of Student's Application: _____

Number of Credit Hours: Fall: _____ Spring: _____

OBJECTIVES

DESCRIPTION OF PROPOSAL

METHODS OF EVALUATION

_____ Date _____
Approved by Faculty Sponsor

_____ Date _____
Approved by Department Head, Director or Dean

_____ Date _____
Approved by Other Appropriate Department

Note: This form should be executed in triplicate with one copy for the faculty sponsor, one for the appropriate administrative office, and one for the REGISTRAR.