

APPLICATION FOR INDEPENDENT STUDY

This completed agreement must be submitted to the Registrar's Office to be registered.

Student Name _____ ID No. _____

Street Address _____ CPO Box _____

City/State/Zip _____ Phone No. ____/____/____

Fall Sem. _____ >Department/Subject _____

Spring Sem. _____

Summer I _____ >Course Number **480** or _____ (specify dept. course number)

Summer II _____

Academic Year 20 ____/____ >Credit Amount _____ CRN _____ (assigned by registrar)

BRIEF SUMMARY OF STUDY PROJECT:

TIME GUIDELINES:

Date _____ Assignment to be completed _____

Date _____ Assignment to be completed _____

Date _____ Assignment to be completed _____

Date _____ Assignment to be completed _____

Date for final completion: _____

The instructor and student have discussed and agreed upon the project as described above.

Instructor name _____
(PLEASE PRINT)

Instructor Signature _____
____/____/____

Today's Date

Department Chair Signature _____
If instructor is Department Chr., then Division Chr. must sign

____/____/____
Today's Date

Date filed in registrar's office / / (leave blank)