

Independent or Individual Study Justification Form -

Please attach a current transcript to this form.

Student's Name: _____ Date: _____

Mailing Address: _____

Street

City

Zip

Semester: _____ Year: _____

Independent or Individual Study Title (attach an outline of the study with appropriate references):

Proposed instructor for the independent or individual study: _____

Reason(s) for requesting independent or individual study: _____

Individual Study Form is normally done a year in advance after obtaining agreement from proposed instructor.

Student Signature _____

Instructor _____ Approve _____ Disapprove _____

Faculty Advisor _____ Approve _____ Disapprove _____

Department Chair _____ Approve _____ Disapprove _____

CC: Department Chair

Instructor

Faculty Advisor

Student