

**INDEPENDENT STUDY APPROVAL FORM**

Student's Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Semester \_\_\_\_\_ Credit Hours \_\_\_\_\_

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The following is to be completed by the professor:

1. Please state the exceptional circumstances that justify this independent study course.

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\_\_\_\_\_  
\_\_\_\_\_

2. Title of the study:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Briefly state the subject of the study:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Briefly describe the process by which student's accountability will be determined.  
(example: read three books and write a paper, three one-hour conferences scheduled,  
etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professor's Name (please print): \_\_\_\_\_

Professor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course # and Title: \_\_\_\_\_

Associate Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_