

INDEPENDENT STUDY APPROVAL FORM

Student's Name _____ Student ID# _____

Semester _____ Credit Hours _____

The following is to be completed by the professor:

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

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: _____