

Independent Study Request

Name: _		ID#
Course N	Number:	Course Title:
Date of F	Request:	Term that course will be taught in:
Procedu	re for Approval:	
•	Attached proposed syllabus to this	orm
•	Return it to the Academic Office v	n your signature and faculty member signature
•	You will be notified via e-mail of the	decision of the Registrar and Academic Dean
1.	I agree to teach this course a	an Independent Study and approved the attached syllabus
	Course Instructor Signat	e Date
2.	The Academic Dean has revi	ved the syllabus and petition and approves this request
	Academic Dean Signatu	 Date
3.	I have reviewed this with the	udent and support the request.
	Registrar Signature	
4.	Student signature authorizes	e Academic Office to register you for these hours and the Business Office to
	charge the appropriate tuition	your account.
	Student Signature	

FOR OFFICE USE ONLY: Human resources department:______ Date:_____