



For RC use only.

Date Added: \_\_\_\_\_

Initials: \_\_\_\_\_

Notified: \_\_\_\_\_

### Application for Independent Study

Undergraduate Catalog Course not offered this semester

Name \_\_\_\_\_ ID # \_\_\_\_\_ Date \_\_\_\_\_

Course # \_\_\_\_\_ Course Name \_\_\_\_\_

Supervising Professor \_\_\_\_\_

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

The study will be undertaken during:

Fall \_\_\_\_\_

Spring \_\_\_\_\_

Summer Session I \_\_\_\_\_

Summer Session II \_\_\_\_\_

Summer Session III \_\_\_\_\_

Summer Weekend College \_\_\_\_\_

Academic Year \_\_\_\_\_

Explain why you cannot take this course when it is regularly offered. Please put your reason for needing the course as an independent study this semester.

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

After completion of form, the signatures indicated below must be obtained in the order they appear and returned to the Registration Center, Serrick Campus Center, room 204.

Supervising Professor \_\_\_\_\_ Date \_\_\_\_\_

Division Head \_\_\_\_\_ Date \_\_\_\_\_  Approved  Denied

Dr. O'Connell, Academic Dean \_\_\_\_\_ Date \_\_\_\_\_  Approved  Denied