



For RO use only.
Date Added: _____
Initials: _____
Notified: _____

**Master of Business Administration
Application for Independent Study**

For a self-designed course

Name _____ ID# _____ Date _____

Title of Study _____ Course Number _____
(Please keep in mind that only 20 characters for title shows on transcript)

Supervising Professor _____

Credit Hours _____

How is course graded? ___ Letter ___ Pass/Fail

The study will be undertaken during:
Fall _____
Spring _____
Summer Session I _____
Summer Session II _____
All Summer _____

Academic Year _____

Description of Study: _____

NOTE: all coursework for the master's degree, including credits accepted by transfer, must be completed with a period of six calendar years.

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

Supervising Professor _____ Date _____

Dr. Wolfe, Graduate Coordinator _____ Date _____ ___ Approved ___ Denied

Dr. Schirmer, Provost _____ Date _____ ___ Approved ___ Denied