



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

Application for Independent Study

For a self-designed **undergraduate** course

Name _____ ID# _____ Date _____

Title of Study _____ Course Number _____

Supervising Professor _____

Credit Hours _____

Does this course apply to the major? ___ Yes ___ No

How is course graded? ___ Letter ___ Pass/Fail

The study will be undertaken during:

Fall _____
 Spring _____
 Summer Session I _____
 Summer Session II _____
 Summer Weekend College _____

Academic Year _____

Description of Study:

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, Provost _____ Date _____ ___ Approved ___ Denied