



For RO use only.

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

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

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

### Master of Arts in Education 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 \_\_\_\_\_

Mr. Francis, Program Director \_\_\_\_\_ Date \_\_\_\_\_ \_\_\_ Approved \_\_\_ Denied

Dr. Schirmer, Provost \_\_\_\_\_ Date \_\_\_\_\_ \_\_\_ Approved \_\_\_ Denied