Master of Arts in Education
Application for Independent Study

Graduate 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____

Academic Year__________

Summer Session II____
All Summer____

Regularly offered courses listed in the course catalog are rarely approved to be taken as an independent study. You should only apply for an independent study if there are truly extraordinary circumstances that warrant it.

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.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

NOTE: all coursework for the master’s degree, including credits accepted by transfer, must be completed within 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 __________

Graduate Coordinator_____________________________ Date __________ _ Approved _ Denied

Academic Dean_______________________________ Date __________ _ Approved _ Denied

For RO use only.

Date Added:______
Initials: ______
Notified: _________