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 15 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 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

5-2015