Master of Business Administration
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 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 ____________

Graduate Coordinator ________________________________ Date ____________  __ Approved  __ Denied

Academic Dean ________________________________ Date ____________  __ Approved  __ Denied