Master of Business Administration
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____

Academic Year___________
Summer Session II____
All Summer ____

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 __________
Graduate Coordinator ________________________________  Date __________  __ Approved  __ Denied
Academic Dean ________________________________  Date __________  __ Approved  __ Denied