AUTHORIZATION FOR INDEPENDENT STUDY – GRADUATE STUDENTS

STUDENT NAME

Last                                       First                                     Middle

Semester                                 Year

STUDENT IDENTIFICATION NUMBER

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Subject: _______  Course Number: ____99  Semester Hours: ______

Course Title: ____________________________________________

(30 character maximum)

Pass/Fail: Yes ____  No _____

Reason for Independent Study:

________________________________________________________

________________________________________________________

________________________________________________________

Requirements for Completion of the Study:

The instructor should describe the nature of the project/study and indicate the intended learning outcomes, evaluation procedures, and student requirements for the independent study. A contract or syllabus between the student and the instructor describing these matters is attached to this form.

Approved:_________________________________  Student (Please Print)  Student Signature  Date

Approved:_________________________________  Instructor (Please Print)  Instructor Signature  Date

Approved:_________________________________  Dept. Chair (Please print)  Dept. Chair Signature  Date