

**Request for an Independent Study**  
*(This is not a registration form)*

To the student: Please work on parts I & II of this form in consultation with the instructor. After you have been granted permission to take the course [described below] and this form has been processed, you will be able to register for this course. Please submit all documentation, including the Add Form or Registration Form to the Registrar's Office. You will receive the confirmation by mail from the Registrar's Office.

<b>PART I: To be completed by the student</b>				
First Name:		Last Name:		ID Number:
Subject:	Catalog #:	Section:	Course Title:	Credit Hours:
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring (January session) <input type="checkbox"/> Spring (regular semester) <input type="checkbox"/> Summer				Year:
Reason for Requesting Independent Study:				
Student Signature _____				Date _____
<b>PART 2: To be completed by the instructor</b>				
Meeting Schedule:				
Instructor Name:				
Instructor Signature _____				Date _____
Department Head Signature _____				Date _____
Please attach the course syllabus to this form and submit the package to the Registrar's Office				
<b>PART 3: To be completed by the Registrar's Office</b>				
Date Processed:		Signature:		
Subject/Catalog #/Section/Class Number:				