INDEPENDENT STUDY APPROVAL

SCHOOL/DIVISION OF: _____

*Circle One Term: FALL SPRING SUM I SUM II *Year_____

*SESSION: _____

STUDENT NAME: _____ ID: _____

MAJOR: _____ GPA: _____

COURSE INFORMATION

_____	_____	_____	_____	_____
***PREFIX**	***NUMBER**	**SECTION**	***CLASS SIZE**	***HOURS**

***TITLE (limit of 30 characters/spaces)**

_____ _____ _____

***INSTRUCTOR** ***LOCATION** ***DAYS**

_____ _____

***TIME** **CLASS NUMBER**

WILL SUBSTITUTE FOR: _____

(if applicable) **COURSE ID AND TITLE**

***Required Information**

REQUESTED BY:

_____ _____

Student's Signature Date

_____ _____

Advisor's Signature Date

APPROVED BY:

_____ _____

Instructor's Signature Date

_____ _____

School Dean or Division Chair's Signature (from the discipline of the course) Date

_____ _____

Vice Chancellor for Academic Affairs' Signature Date

RECEIVED/PROCESSED BY:

_____ _____

Registrar Date

Please attach the student's transcript and a copy of the course syllabus.

Office Use Only: Course Entered_____ Student Registered_____ Scanned: _____