REQUEST FOR INDEPENDENT STUDY FORM
(To be given to Student Services Coordinator with copy in student’s departmental folder)

Date: ____________

I apply for permission to take an Independent Study during the ________________
(semester & year)

under the direction of ________________ for ___ credits. The area of study or problem to be
investigated is as follows: (Describe in a minimum of 200 words; use back of sheet if necessary.

Check one:

___ I will submit a paper based on these studies.

___ Alternate written evaluative approach: ____________________________________________
(please specify, i.e., series of case studies)

Previous Independent Studies ___ No ___ Yes ___ (Number)

If yes, list for each:

________________ with __________________ on ________________
(Semester & Year) (Faculty Member) (Subject)

________________ with __________________ on ________________

________________ with __________________ on ________________

Student’s signature_________________________ Date:______________

The student’s project is acceptable as detailed above. ___ Yes ___ No

Instructor’s signature_________________________ Date:______________

Department Chair_________________________ Date:______________

Faculty Council Approval 05/86