

Independent Study Request

<u>Definition:</u> This is a course where the student will perform independent research on a topic of their own choosing and which is not listed in the university catalog. Approval of the supervising faculty member and the Dean of CASPS must be obtained in advance of registration.

Student Name:	ID#	Date:	
Semester Course Will Be Taken: Fall 20	Spring 20	Summer 20	
Course Title for Transcript:			
Course Number:	320 Number	Cred	t Hours
Instructor:			
Purpose of Independent Study:			
Course Description (outline of material to be conformation, etc.):		1	-
Student's Signature:		Date:	
Instructor's Signature:		Date:	
Advisor's Signature:		Date:	
Division Chair Signature:		Date:	
Academic Dean's Signature:		Date:	