

**APPLICATION FOR INDEPENDENT STUDY (460)**

Final date for submitting this form to the Office of the Registrar for consideration corresponds to the last date for course change during the semester in which the credit is to be earned. It is the student's responsibility to submit this form directly to the Office of the Registrar.

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Status:  JR  SR  SP Major: \_\_\_\_\_

GPA: \_\_\_\_\_

Have you done an Independent Study previously?  Yes  No

If so, when? Term: \_\_\_\_\_ Name of course instructor: \_\_\_\_\_

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**Registration Information** *(Please feel free to attach a separate page if necessary)*

Fall  Spring  Summer 20\_\_\_\_\_

\_\_\_\_\_ 460 \_\_\_\_\_  
Dept. Credit Hours Course Title (should describe course content)

Give an explanation of the reasons you wish to take the proposed course, how the course fits into your overall program, and why you have chosen this particular topic.

Provide a statement of the content and objectives of the course.

Indicate what methods of measurement and evaluation will be used by course advisor (i.e. tests, oral/written reports, papers, projects – be specific about meeting frequency, number of tests and reports, required length of paper).

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Signature: Course Instructor \_\_\_\_\_ Date \_\_\_\_\_

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Signature: Student \_\_\_\_\_ Date \_\_\_\_\_

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Signature: Department Chair \_\_\_\_\_ Date \_\_\_\_\_

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Signature: Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_

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Signature: Dean of Faculty \_\_\_\_\_ Date \_\_\_\_\_