



**Application for Graduate Independent Study**

**Candidate:**

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
 Student ID Number \_\_\_\_\_ Email \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Graduate Program:  Anticipated Completion Date: \_\_\_\_\_  
 Catalog / Year: \_\_\_\_\_

**Independent Study:**

**NOTE:** The student must be admitted to the Graduate College before an Application for Graduate Independent Study can be approved.

Title of Proposed Independent Study for Transcript  \_\_\_\_\_  
 Semester \_\_\_\_\_ Year \_\_\_\_\_ Course Prefix \_\_\_\_\_ 596 Credits Requested \_\_\_\_\_  
 Name of Professor Supervising Study \_\_\_\_\_

Description of Topic to be studied by Student (Attach a separate sheet if necessary):

Description of Assessment Method to be Employed by Professor:



**Signatures:**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Approved Disapproved Supervising Professor \_\_\_\_\_ Date \_\_\_\_\_  
 Approved Disapproved Advisor \_\_\_\_\_ Date \_\_\_\_\_  
 Approved Disapproved Program Coordinator \_\_\_\_\_ Date \_\_\_\_\_  
 Approved Disapproved Graduate Dean \_\_\_\_\_ Date \_\_\_\_\_