


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 _____