Independent Study Approval Form GRADUATE

				Spring[] Summer[] Fall[]	
				Year	
			Please enroll me: [] Yes [] No	
Last Name	First		Middle		
SO #:					
E-mail Address:					
Date:					
Independent study is allow major advisor, instructor o the Graduate Office for enr Independent Study in:	f the study, and the D				
(Field of Study)	(Cou	rse Number)	(Cr.)		
Tentative Title:					
(Studer	nt)	(Dea	(Dean of Graduate Studies)		
(Major	Advisor)	(De	(Department Chairperson)		
(Instruc	etor)				