

Independent Study Approval Form

GRADUATE

Spring []
Summer []
Fall []

Year _____

Please enroll me: [] Yes [] No

| | | |
|-----------|-------|--------|
| Last Name | First | Middle |
|-----------|-------|--------|

Social Security Number: _____

E-mail Address: _____

Date: _____

Independent study is allowed only in the student's major field. Permission must be obtained from the major adviser, instructor of the study, and the Associate Provost for Graduate Studies. This form must be returned to the Graduate Office for enrollment.

Independent Study in:

| | | |
|------------------|-----------------|-------|
| (Field of Study) | (Course Number) | (Cr.) |
|------------------|-----------------|-------|

Tentative Title: _____

(Student)

(Dean of Graduate Studies & Research)

(Major Adviser)

(Department Chairperson)

(Instructor)