

# INDEPENDENT STUDY COURSE APPROVAL FORM

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

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

ID#: \_\_\_\_\_

Specialization or Teaching Field: \_\_\_\_\_

Circle One:    **SPRING**        **SUMMER I**        **SUMMER II**        **FALL**

**Independent Study Course**

**Substituted Course**

\_\_\_\_\_

**Course/Section**

\_\_\_\_\_

**Index#**

\_\_\_\_\_

**Course/Section**

\_\_\_\_\_

**Index#**

**Explain Reason for Request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**Teaching Faculty (Print)**

\_\_\_\_\_

**Chair (Print)**

\_\_\_\_\_

**Teaching Faculty (Signature)**

\_\_\_\_\_

**Chair (Signature)**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Date**