GRADUATE PROGRAMS – INDEPENDENT/SPECIAL STUDY APPLICATION

Name: ____________________________ Application Date: ____________________________

ID #: ____________________________ Email: ____________________________

Semester: ☐ Fall ☐ Spring ☐ Summer Year ____________ Credit Hours __________

Program: ____________________________

Course No. ________ Course Title ______________________________________________________

Course Start Date: ____________________________ Course End Date: ____________________________

Instructor’s Name: ____________________________ (Please print!) ____________________________

Instructor’s Signature: ____________________________

Student’s Signature: ____________________________

(Signing this form constitutes consent for registration)

COMPLETE THE FOLLOWING WITH YOUR INSTRUCTOR:

Description of proposed learning situation:

Reason for the proposed study:

Means of evaluation:

Instructor’s supporting statement:

OBTAIN THE FOLLOWING SIGNATURES (in the order listed):

School Dean: ____________________________ Date: ____________________________

Registrar: ____________________________ Date: ____________________________

For Office Use: Entered by: Process date: Course number:

11.04.2014 RW