

**APPLICATION FOR INDEPENDENT STUDY**

Name \_\_\_\_\_ Student ID \_\_\_\_\_ Date \_\_\_\_\_

Course (Dept Code & Course Number) \_\_\_\_\_ Term \_\_\_\_\_

Number of hours completed \_\_\_\_\_ Major \_\_\_\_\_

*Directions: You must obtain the required signatures in the order in which they are listed.*

**Student Services Representative Review**

- |                          |     |                          |    |   |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Sophomore Standing (33 hours or more)   |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Within one semester of graduation   |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Course not offered by any other means   |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | No documentation exists to indicate the student has taken more than 2 courses by independent study            |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Extenuating Circumstances: _____<br>_____<br>_____  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Instructor requested independent study<br>Name of Instructor _____<br>Instructor Justification _____<br>_____ |

\_\_\_\_\_  
Student Services Representative Date

- |    |                     |       |  |
|----|---------------------|-------|--|
| 1. | _____               | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|    | Instructor          | Date  |  |
| 2. | _____               | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|    | Division Chair      | Date  |  |
| 3. | _____               | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|    | Dean of Instruction | Date  |  |

For Office Use Only:

CRN Assigned: \_\_\_\_\_