

Special Registration Approval Request - Independent Study



	First	Middle	Class Year	Date
Majors(s)			Minor(s)	
Course #:		itle:		Credit:
Leave blank if unkn	own)	(30 characters or	less)	(1/2 or 1)
Rationale for Indep	endent Study:			
1. How will t	his Independent Study sei	rve your personal, education	onal and potential career goa	ls?
2. How will th	ne Independent Study he a	assessed? (Such as a nortfo	olio of student work, reflectiv	e essay etc)
2. How will u	ie maependent Study be a	issesseu: (Such as a portic	mo of student work, reflectiv	e essay, etc.)
Students v	will not be allowed to pr	e-register in an independ	dent study course until app	roval is granted.
	_		dent study course until app	proval is granted.
				proval is granted.
	_		dent study course until app	proval is granted.
upervising Faculty:				proval is granted.
upervising Faculty:				proval is granted.
Supervising Faculty: Dept./Prog. Chair:	Print Name		Signature	proval is granted.
Supervising Faculty: Dept./Prog. Chair:	Print Name		Signature	proval is granted.
Supervising Faculty: Dept./Prog. Chair:	Print Name Print Name		Signature Signature	proval is granted.
Supervising Faculty: Dept./Prog. Chair:	Print Name Print Name Print Name		Signature Signature	proval is granted.
Supervising Faculty: Dept./Prog. Chair: Student Advisor:	Print Name Print Name Print Name Print Name	his form to the Registrar	Signature Signature Signature 'S Office, Center Hall 115.	
Supervising Faculty: Dept./Prog. Chair: Student Advisor:	Print Name Print Name Print Name Please return ti	his form to the Registrar	Signature Signature	
Supervising Faculty: Dept./Prog. Chair: Student Advisor:	Print Name Print Name Print Name Please return ti	his form to the Registrar	Signature Signature Signature 'S Office, Center Hall 115.	