REQUEST FOR INDEPENDENT STUDY

To be completed by Department

DATE: ___________________   SEMESTER: ___________________

STUDENT NAME: ___________________   ____  ____  ____
FIRST       M.I.       LAST

STUDENT ID: ___________________

DEPARTMENT: ___________________

COURSE ACRONYM & NUMBER: ___________________   CREDITS: ___________________

COURSE TITLE: ___________________

INSTRUCTOR NAME: ___________________

INSTRUCTOR ID: ___________________

REQUESTED BY: ___________________

TELEPHONE #: ___________________   EMAIL: ___________________

To be completed by Registrar’s Office

COURSE NUMBER: ___________________   SECTION: ___________________

COURSE CODE: ___________________   DATE: ___________________

PROCESSED BY: ___________________