

# Independent Study Approval Form

## GRADUATE

Spring [ ]  
Summer [ ]  
Fall [ ]

Year \_\_\_\_\_

Please enroll me:    [ ] Yes    [ ] No

\_\_\_\_\_

|           |       |        |
|-----------|-------|--------|
| Last Name | First | Middle |
|-----------|-------|--------|

Social Security Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Independent study is allowed only in the student's major field. Permission must be obtained from the major adviser, instructor of the study, and the Associate Provost for Graduate Studies. This form must be returned to the Graduate Office for enrollment.

Independent Study in:

\_\_\_\_\_

|                  |                 |       |
|------------------|-----------------|-------|
| (Field of Study) | (Course Number) | (Cr.) |
|------------------|-----------------|-------|

Tentative Title: \_\_\_\_\_

\_\_\_\_\_  
(Student)

\_\_\_\_\_  
(Dean of Graduate Studies & Research)

\_\_\_\_\_  
(Major Adviser)

\_\_\_\_\_  
(Department Chairperson)

\_\_\_\_\_  
(Instructor)