



INDEPENDENT STUDY
Division of Academic Affairs

Banner ID: _____ Major Department: _____

Last Name _____ First Name _____ Middle _____

Telephone #: _____ Email Address: _____

School Year: _____ - _____ Fall _____ Spring _____ Summer _____

Student Classification: Freshman _____ Sophomore _____ Junior _____ Senior _____

Major: _____

Course Number: _____ Course Title: _____ Credit Hrs: _____

Justification for Independent Study: _____

A full course syllabus must be attached.

Student's Signature: _____ Date: _____

Advisor: _____ Date: _____

Department Chair (Major): _____ Date: _____

Department Chairperson (Minor): _____ Date: _____
(If necessary)

General Education: _____ Date: _____
(If necessary)

Dean: _____ Date: _____

 Date: _____

Provost/Vice Chancellor for Academic Affairs