

REQUEST FOR AN INDEPENDENT STUDY COURSE

REGISTRAR'S OFFICE



STUDENT INFORMATION

Last Name	First Name	Student ID Number
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Major/Minor	Declared Catalog
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COURSE INFORMATION

Course Number	Course Title	Credit Hours
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Term and year course will be taken: _____

INSTRUCTOR

Instructor's signature	Date	Approved	Denied
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Instructor's comments: _____

*A STANDARD SYLLABUS MUST BE ATTACHED

ADVISOR

Advisor's signature	Date	Approved	Denied
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Advisor's comments: _____

ASSISTANT DEAN

Assistant Dean's signature	Date	Approved	Denied
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Assistant Dean's comments: _____

RETURN THIS FORM WITH THE SYLLABUS TO THE REGISTRAR'S OFFICE

OFFICE USE ONLY

Date Processed	By (initials)	Notes
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