Special Registration Approval Request **– Independent Study**

_____ _____ _____

Student Last *First* *Middle* *Class Year* *Date*

_____ _____ _____

Majors(s) *Minor(s)* *Advisor*

Course #: _____ Course Title: _____ Credit: _____

(Leave blank if unknown) *(30 characters or less)* *(1/2 or 1)*

Rationale for Independent Study:

1. How will this Independent Study serve your personal, educational and potential career goals?

2. How will the Independent Study be assessed? (Such as a portfolio of student work, reflective essay, etc.)

Students will not be allowed to pre-register in an independent study course until approval is granted.

Supervising Faculty: _____ _____

Print Name *Signature*

Dept./Prog. Chair: _____ _____

Print Name *Signature*

Student Advisor: _____ _____

Print Name *Signature*

Registrar: _____ _____

Print Name *Signature*

Approval Date: _____

Please return this form to the Registrar's Office.