

Independent Study Proposal

Student Name: _____ Student Number: _____

Area of Study: _____

Proposed Course Title: _____

Course Number: _____ Credit Hours: _____

Proposed Term (e.g. Fall 2018): _____

Frequency of Meeting (e.g. Once a week for two hours): _____

Purpose/Rationale:

Course Syllabus: Please attach Course Syllabus for an approval with this form.

Student Signature

Date: _____

Instructor's Signature

Date: _____

Approval (Associate Dean): Approved Denied Signature _____ Date: _____

Comments: _____

Course Number: _____ CRN(s): _____ Term(s): _____

Student Advisor: _____ Registered: _____ Initial: _____

