

APPLICATION For INDEPENDENT STUDY

Name		☐ Graduate	☐ Undergraduate
Date of Application// D	epartment		
Title of Study: (2-3 words)			
Date of Study: From/	Го//	_	
Credit Hours Total credit ho	urs earned in Indepen	dent Study (th	us far)
Signature of Study Director			
Statement of problem in area of study:			
Proposed Achievement: (paper; skills acquired;	painting produced; TV	programs, etc	c.)
Minimum number of contract hours with the di	rector of the study: (S	tate specifical	ly, day of week,



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Approval:	
Department Head	Date/
Dean	Date/