



# INDEPENDENT STUDY FORM

A student wishing to enroll in the Independent Study course should complete this form before registration for the term in which the course will be taken. **Agreement is not complete without both the faculty and student's signatures.** Student should discuss the taking of an Independent Study course with their faculty advisor before signing up for an Independent Study course.

**RETURN THIS FORM TO THE STUDENT AFFAIRS OFFICE, ROOM 220**

Student's Name: \_\_\_\_\_

Semester (Please circle): Spring Summer Fall YEAR: \_\_\_\_\_

Number of Credit Hours for Course: \_\_\_\_\_

Independent Study Title: \_\_\_\_\_

Course or Topic Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Course or Topic Objectives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Strategy(ies) for Achieving Objectives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Criteria for Evaluation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Course Grading System (circle one): Pass/Fail Letter Grade (A-F)

Faculty's Signature: _____	Date: _____
Student's Signature: _____	Date: _____

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