Faculty: Please fill out all sections below and attach to the independent study form. Requests for independent study courses will not be reviewed until this form is complete.

Student Name: ______________________________________

Student ID (8-digit): _________________________________

Student Major: _____________________________________

Check one: UNDERGRAD [ ] GRAD [ ]

Course Designator & Number (e.g., HIST 493): ________________

Course Title: _________________________________________

Academic Term & Year (e.g., Spring 2010): _________________

Faculty Name: _________________________________________

Faculty Department: __________________________________

Total Faculty Load for Semester in which Course Will Be Taught: ________________

Is this course required for everyone in the student’s major or minor? If so, no explanation is required below. YES [ ] NO [ ]

In a few sentences below, please explain the objectives of the independent study and the role this course will play in the student’s program.

____________________________________________________________________

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