



### Application for Graduate Independent Study

**Candidate:**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student ID Number \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Graduate Program \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

Catalog / Year \_\_\_\_\_

**Independent Study:**

**NOTE:** The student must be admitted to the Graduate College before an Application for Graduate Independent Study can be approved.

Title of Proposed Independent Study for Transcript \_\_\_\_\_

Semester _____	Year _____	Course Prefix _____	596 _____	Credits Requested _____
----------------	------------	---------------------	-----------	-------------------------

Name of Professor Supervising Study \_\_\_\_\_

Description of Topic to be studied by Student (Attach a separate sheet if necessary):

Description of Assessment Method to be Employed by Professor:

**Signatures:**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved    Disapproved    Supervising Professor \_\_\_\_\_ ID # \_\_\_\_\_ Date \_\_\_\_\_

Approved    Disapproved    Advisor \_\_\_\_\_ ID # \_\_\_\_\_ Date \_\_\_\_\_

Approved    Disapproved    Program Coordinator \_\_\_\_\_ ID # \_\_\_\_\_ Date \_\_\_\_\_

Approved    Disapproved    Graduate Dean \_\_\_\_\_ Date \_\_\_\_\_