Application for Independent Study – 496

Please print or type, fill in all blanks:

School in which study is being done _____

Name of Student _____

Contact Address _____
Street City State Zip

BSU Student ID # _____ Telephone _____ Advisor _____

Credits completed to date _____ Cumulative GPA _____ Plan/Major _____

Subject _____ Department _____ Class Number _____

Title of Proposed Study:

Description of Proposed Study:

Number of Credit Hours Requested _____

_____
Student's Signature

☐ Pass / Fail or ☐ Letter Grade

ACTION

Professor Assigned to Direct Study ☐ Approved ☐ Disapproved

_____
Printed Name Date

_____
Signature Date

Advisor ☐ Approved ☐ Disapproved

_____
Signature Date

Department Chair ☐ Approved ☐ Disapproved

_____
Signature Date

I will register for the Independent Study for:
Fall Semester ..... 20____
Spring Semester ..... 20____
10-Week Summer Session ..... 20____