



Proposed semester/session: Year ____ Fall ____ Spring ____ Early Session ____ Summer I ____ Summer II ____
Students, together with faculty member supervising Independent Study, must have this approval form processed through the steps listed in section E prior to the end of the late registration process.

C. Student Information:

1. Student's Banner Number: @ _____

2. Student's Name: _____
First Name MI Last Name

3. Student's Mailing Address: _____
Number and Street City State Zip

D. Course Information:

1. Course: _____
Dept. Number Section CRN# Course Title Credits

E. Rationale and Plan of Study:

In conjunction with a faculty member, prepare an independent study proposal to be attached to this form. The proposal must include 1) a rationale for conducting an independent study, 2) the purpose of the study, 3) Objectives, 4) activities to be completed.
to accMI Last Name

Signed: _____ Date: _____
(Signature verifies acceptance of proposal)

2. Advisor or Doctoral Coordinator: _____ Date: _____

3. Chairperson: _____ Date: _____