

Student Information (completed by student)

Application Form for INDEPENDENT STUDIES Courses

NAME: ____ TUid#:_____ Minor (if any): _____ Independent Study Course Instructor: ______ Semester and Year: _____ Proposed Course Department.:_____ Course Number: _____ Course Title:_____ ** If requesting to register for 18 or more credits in one semester, students must petition to the AAC for Course Overload first ** 2. Course Instructor The instructor should provide the following information and/or attach a syllabus. Proposed Course Department: [] Course Number: [1 Course Title: [] Number of Credits: [Describe the reason why this student is provided an Independent Study Describe the course's subject matter, key readings, and assignments Describe proposed schedule of meetings between the Course Instructor and the student Describe grading system Instructor Signature:



Advisor Signature:__

	Japan Campus			Student	s are responsible to obta	in all required signatures	
3.	The Academic Advising Center - Student 1	Record Verif	ication (comp	leted by an a	cademic advisor)		
1.	The Proposed Independent Study will satisfy:	GenEd	Major	Minor	College/School	Free Elective	
2.	Student took this course previously: \square Yes	□ No (Rep	eated course m	ust be taught in	the same means as previ	ous)	
3.	Expected Graduation Semester:/ Semester	Year	-				
4.	Number of credits that have been earned by Inde	pendent Studie	s thus far:	credit	s out of	allotted credits	
Stu	Student Record Verified by (Advisor Signature):						
4.	Major Coordinator						
1.	Describe why this independent study request is s	upported.					
M	ajor Coordinator Signature:				Date:		
<u>5.</u>	Associate Dean for Academic Affairs						
Associate Dean Signature:					Date:		
	Students: Please bring o	or email the	e completed	l form to yo	our academic adv	isor.	
	For AAC Office Use ONLY						

CRN:_____ Course#: _____ Section#: _____ Banner Input: _____

Date: ___