

## Application Form for INDEPENDENT STUDIES Courses

1. **Student Information (completed by student)**

NAME: \_\_\_\_\_, \_\_\_\_\_ TUid#: \_\_\_\_\_  
Last First

Major: \_\_\_\_\_ Minor (if any): \_\_\_\_\_

Independent Study Course Instructor : \_\_\_\_\_ Semester and Year: \_\_\_\_\_ / \_\_\_\_\_  
Semester Year

Proposed Course Department.: \_\_\_\_\_ Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

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

**\*\* If requesting to register for 18 or more credits in one semester, students must petition to the AAC for Course Overload first \*\***

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2. **Course Instructor (the instructor will need to fill out the following or attached a syllabus)**

**Independent Study will not be approved until the following information is provided by the instructor.**

Proposed Course Department: [ \_\_\_\_\_ ] Course Number: [ \_\_\_\_\_ ]

Course Title: [ \_\_\_\_\_ ] Number of Credits: [ \_\_\_\_\_ ]

1. Describe the reason why this student is provided an Independent Study
2. Describe the course's subject matter, key readings, and assignments
3. Describe proposed schedule of meetings between the Course Instructor and the student
4. Describe grading system

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**3. The Academic Advising Center – Student Record Verification (completed by an academic advisor)**

1. The Proposed Independent Study will satisfy:      GenEd                  Major                  Minor                  College/School                  Free Elective

2. Student took this course previously:     Yes     No    (Repeated course must be taught in the same means as previous)

3. Expected Graduation Semester: \_\_\_\_\_ / \_\_\_\_\_  
   Semester                                  Year

4. Number of credits that have been earned by Independent Studies thus far: \_\_\_\_\_ credits out of \_\_\_\_\_ allotted credits

Student Record Verified by (Advisor Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**4. Major Coordinator (completed by major coordinator)**

1. Describe why this independent study request is supported.

Major Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5. Associate Dean for Academic Affairs (completed by associate dean)**

Associate Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Students: Please bring the completed form to the Registrar’s Office**

For Registrar’s Office Use ONLY			
CRN: _____	Course#: _____	Section#: _____	Banner Input: _____
Registrar’s Signature: _____		Date: _____	