



The Graduate School

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AUTHORIZATION FOR INDEPENDENT STUDY – GRADUATE STUDENTS

STUDENT NAME

Last	First	Middle	Semester	Year
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STUDENT IDENTIFICATION NUMBER

Subject: _____ **Course Number:** ____99 **Semester Hours:** _____

Course Title: _____
 (30 character maximum)

Pass/Fail: Yes ____ No ____

Reason for Independent Study:

Requirements for Completion of the Study:

The instructor should describe the nature of the project/study and indicate the intended learning outcomes, evaluation procedures, and student requirements for the independent study. **A contract or syllabus between the student and the instructor describing these matters is attached to this form.**

Approved: _____	_____	_____
Student (Please Print)	Student Signature	Date

Approved: _____	_____	_____
Instructor (Please Print)	Instructor Signature	Date

Approved: _____	_____	_____
Dept. Chair (Please print)	Dept. Chair Signature	Date

Approved: _____	_____	_____
Assoc. Provost of Grad. Studies(Please print)	APGS Signature	Date