Student: ______________________________________   ID#: _____________________

Address: ______________________________________

City/State/Zip: ______________________________________

Phone Number: ( _______ ) __________________________  Work Number: ( _______ ) __________________________

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credit Hrs</th>
<th>Semester/Yr</th>
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Justification for independent study request: ______________________________________

____________________________________

University or external facilities or resources required: ______________________________________

____________________________________

Beginning Date: ____________________________  Completion Date: __________________________

Note: The independent study contract must originate with the advisor, who must discuss the need and process with the school chair or program director. The contract must be approved by the college dean and the VPAA before an agreement is made with the student. All signatures must be secured before approval for an independent study is granted. The contract must be attached to a syllabus that includes course rationale, objectives, instructional methods, required resource materials, evaluation instruments, schedule, and other pertinent components.

**NAMES AND SIGNATURES:**

Date: _____ / _____ / _____

Student: ______________________________________

Instructor: ______________________________________

Advisor: ______________________________________

School Chair/Director: ____________________________

College Dean: ____________________________

Provost: ____________________________

Registrar’s Office: ____________________________