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: __________________________________________________________

VPAA: _________________________________________________________________

Registrar’s Office: ______________________________________________________