



For RO use only.

Date Added: _____

Initials: _____

Notified: _____

Master of Arts in Education Application for Independent Study

Graduate Catalog Course not offered this semester

Name _____ ID # _____ Date _____

Course # _____ Course Name _____

Supervising Professor _____

Credit Hours _____

The study will be undertaken during:

Fall _____

Spring _____

Summer Session I _____

Summer Session II _____

All Summer _____

Academic Year _____

Regularly offered courses listed in the course catalog are rarely approved to be taken as an independent study. You should only apply for an independent study if there are truly extraordinary circumstances that warrant it.

Explain why you cannot take this course when it is regularly offered. Please put your reason for needing the course as an independent study this semester.

NOTE: all coursework for the master's degree, including credits accepted by transfer, must be completed within a period of six calendar years.

After completion of form, the signatures indicated below must be obtained in the order they appear and returned to the Registrar's Office, Serrick Campus Center, room 204.

Supervising Professor _____ Date _____

Graduate Coordinator _____ Date _____ Approved Denied

Academic Dean _____ Date _____ Approved Denied