Master of Arts in Education
Application for Independent Study

For a self-designed course

Name ____________________________ ID#______________________________ Date ____________

Title of Study__________________________________________________ Course Number ___________
(Please keep in mind that only 20 characters for title shows on transcript)

Supervising Professor ___________________________________________

Credit Hours_____

How is course graded? ___ Letter ___ Pass/Fail

The study will be undertaken during: Fall_____
Spring_____
Summer Session I_____
Summer Session II_____
All Summer _____

Academic Year_________

Description of Study:

NOTE: all coursework for the master’s degree, including credits accepted by transfer, must be completed with 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

Provost __________________________________________ Date ____________ __ Approved __ Denied

1-2015