Master of Business Administration
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 _____

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 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

For RO use only.
Date Added:_______
Initials: _____
Notified: __________