Master of Business Administration
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_____
Academic Year___________  Summer Session II_____
                                             All Summer ____

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 ____________  __ Approved  __ Denied

Graduate Coordinator ___________________________________________  Date ____________  __ Approved  __ Denied

Provost ________________________________________________________  Date ____________  __ Approved  __ Denied

1-2015