



For RO use only.

Date Added: _____
 Initials: _____
 Notified: _____

Application for Independent Study/Research

For a self-designed **undergraduate** course

Name _____ ID# _____ Date _____

Title of Study/Research _____ Course Number _____
 (Please keep in mind that only 15 characters for title shows on transcript)

Supervising Professor _____

Credit Hours _____

Does this course apply to the major? ___ Yes ___ No

How is course graded? ___ Letter ___ Pass/Fail

The study will be undertaken during:
 Academic Year _____
 Fall _____
 Spring _____
 Summer Session I _____
 Summer Session II _____
 All Summer _____

Description of Study: _____

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 _____

Division Head _____ Date _____ ___ Approved ___ Denied

Academic Dean _____ Date _____ ___ Approved ___ Denied