



# Independent Study Application Form

Student Last Name: .....

First Name: .....

Student ID: .....

Cell Phone: .....

E-mail: .....

Date: .....

**DEPARTMENT:** .....

FR	SO	JR	SR	Graduate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Short Title of the Course:** .....

..... **No. of Credits**

**Deadline:** The application should be made no later than the add-drop period ends.

**Course Syllabus:** Please attach a document which will serve as the course syllabus. This document must be prepared by the student in consultation with the professor and should contain at least the following subheadings.

- a. **Short Description:** (course objectives and content outline)
- b. **References and/or Textbooks to be used.**
- c. **Meeting Schedule or Time Line:** Please briefly indicate the major steps to be accomplished, the target dates and frequency of meetings as needed.
- d. **Grading:** Please specify how the course will be graded.

With the syllabus enclosed, this form needs to be considered and approved by the Executive Council of the College of the instructor.

**AREA ELECTIVE**

**ELECTIVE**

**Instructor Approval**

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Printed Name	Signature	Date
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**College/Institute Executive Council Approval**

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Date	Council Meeting No.
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Skip this part if the course is not considered to be an area elective, or the instructor is affiliated with the College/Institute of the program, in which the area elective will be taken by the student to meet his/her academic requirements.

**College/Institute Executive Council Approval, if different from the Affiliation of the Instructor**

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Date	Council Meeting No.
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