



**Application for
INDEPENDENT STUDY**

Semester _____ Academic Year _____

Student Name _____ Phone _____ / _____ / _____

Email _____

Course Title _____

Teacher _____

Course Meeting Times & Frequency (min. 14 class sessions)

Course Description _____

Quantifiable Objectives _____

Required Written Assignments

Specific Reading Assignments

Final Exam ___ Yes ___ No Pass / Fail or Letter Grade _____

Advisor Signature _____

Date _____ / _____ / _____

Academic Dean Signature _____

Date _____ / _____ / _____