

Application Form for INDEPENDENT STUDIES Courses

1. Student Information (completed by student)

NAME: _____, _____ TUid#: _____
Last First

Major: _____ Minor (if any): _____

Independent Study Course Instructor : _____ Semester and Year: _____ / _____
Semester Year

Proposed Course Department.: _____ Course Number: _____ Course Title: _____

Student Signature: _____ Date: _____

**** If requesting to register for 18 or more credits in one semester, students must petition to the AAC for Course Overload first ****

2. Course Instructor

The instructor should provide the following information and/or attach a syllabus.

Proposed Course Department: [_____] Course Number: [_____]

Course Title: [_____] Number of Credits: [_____]

1. Describe the reason why this student is provided an Independent Study
2. Describe the course's subject matter, key readings, and assignments
3. Describe proposed schedule of meetings between the Course Instructor and the student
4. Describe grading system

Instructor Signature: _____ **Date:** _____

