



COLLEGE OF BUSINESS ADMINISTRATION
REQUEST FOR INDEPENDENT STUDY

Complete and return to Graduate Advising in the College of Business Administration, Room 412.

Date: \_\_\_\_\_

Student ID # \_\_\_\_\_

Last Name First Middle

Street City State Zip Code

Email Address Home Phone Work Phone

Please answer the questions below:

Independent Study: Registration # Dept. # Course # Sec#

Check one: 1 credit 2 credits 3 credits Semester:

Course Number: [This information must be obtained from the department secretary]

Concentration Course: Yes No

Free Elective: Yes No

Substitution for a Required Course: Yes No

Outline rationale for the Independent Study (two lines):

Rationale and Independent Study Agreement between student and professor: This should be completed before professor and department chair signs.

Student's Signature

Date:

Faculty Sponsor Signature

Date:

Department Chair

Date:

Graduate Program Director

Date:

Date Adviser Registered Student:

Adviser's Initials