Application for Undergraduate and Graduate Independent Study
College of Liberal Arts

Department

Please circle semester for Independent Study:  
Fall=80  
Spring=30  
Summer=40*  
Year: ________

*Note: If Summer course, please circle the term:  
A   B   or   C

Student’s Name: ___________________________  
Student UID: U __ __ __ __ __ __ __ __

Phone Number: _____________________________  
E-mail: _____________________________

Student Class Level: ______________  
Major: ___________________________

GPA: ___________________________

Course Registration/Permission Information

Banner CRN: __ __ __ __  
Subject: __ __  
Course Number: __ __ __  
Section: __  
Credit Hours: __ • __

If Writing Intensive, need Banner CRN:  __ __ __ __  
Subject: __ __  
Course Number: __ __ __  
Section: __ ___ W  
Section: __ __

□ Entered into Banner SPAAPIN  
□ Assigned to Faculty SIAASGN  
(Note: If previously listed as Staff, use U00025995)

Project

Project Title: ____________________________________________________________________________

• Please provide a description of the subject, topic or problem to be investigated, methodology, number of meetings, etc.

• Attach a reading list and any additional, relevant material.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Basis For Evaluation  
Description and weighting of graded assignments

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<tr>
<th>Description</th>
<th>% of Grade</th>
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Student's Signature ___________________________  
Date ____________  
U __ __ __ __ __ __ __ __

Instructor's Signature ___________________________  
(Please print name)  
Instructor UID U __ __ __ __ __ __ __ __

Date ____________

Department Chair’s Signature ___________________________  
Date ____________