INDEPENDENT STUDY APPROVAL FORM

Name __________________________ Major ____________________ Class of ________

ID# ______________________________

Local Address (Box No.) __________________ Local/Cell Phone __________________

Jan _________ Spring ___________ Summer _________ Fall _________ Year _________

**Departmental Independent Study: Course No.** (graded) 
Cumulative GPA of 2.0 required (department requirement may be higher; see catalog) Cum. GPA: __________

**Honors Independent Study: Course No.** (graded) 
Major GPA of 3.5 required OPEN TO JUNIORS AND SENIORS ONLY Major GPA: __________

**January Experimental Independent Study** (Pass/No Credit) __________
Cumulative GPA of 2.0 required (Jan Term ONLY) Cumulative GPA: __________

Independent Study Title _______________________________________________________

Number of hours to be spent on this independent study _______ (100 hours minimum)

Detailed Outline of Independent Study (description of paper, project, research; attach preliminary bibliography of materials to be studied):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Learning Outcomes:

____________________________________________________________________________________

____________________________________________________________________________________

How will learning outcomes be assessed?

____________________________________________________________________________________

____________________________________________________________________________________

Submission Deadline to Faculty Sponsor ________________________ Student ________________________ Date ______

Faculty Sponsor ________________________ Date ______ Department Chair ________________________ Date ______

If you will be living off-campus, or live off-campus, please give address and phone number:

Street __________________ City __________ State & Zip ______ Phone ______________________

**IMPORTANT:** Deadline for submission of completed January Independent Study is one week before the last day of Fall classes. If a boarder and will be living off-campus the same deadline applies for completion of Liability Release forms you must submit.