



INDEPENDENT STUDY

(must be submitted two weeks prior to the beginning of the semester in which you desire credit)

Name:					ID #:					
Semester:					Date:					
Phone:			Class: SR <input type="checkbox"/> JR <input type="checkbox"/> SO <input type="checkbox"/> FR <input type="checkbox"/>			Anticipated Grad Date:				
Credits:										
Department:					Additional Fee if Applicable:					
Faculty Sponsor:										
Course Title (24 characters max):										
SUBJECT				COURSE #				SECT. #		
				<i>INS</i>						
Are you requesting to have FISHN ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, choose one: F <input type="checkbox"/> I <input type="checkbox"/> S <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> Are you requesting to have SKILLS ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, choose one: CW <input type="checkbox"/> CS <input type="checkbox"/> Q <input type="checkbox"/> QM <input type="checkbox"/> QS <input type="checkbox"/>										
Independent Studies/Tutorials are designated with FISHN or SKILLS distribution by approval of the Curriculum Committee. <i>The Registrar's Office will submit your request to the General Education Committee</i>										

<u>Student's qualifications for this unit:</u>	<u>Unit's purpose:</u>
<u>Procedure and resources needed:</u>	<u>Bibliography:</u>
<u>Assessment Method:</u>	<u>Sponsor's Statement:</u>

Financial Agreement: *By registering for classes, you are entering into a legally binding obligation to pay all tuition, fees and other charges connected to this registration. If you fail to pay this obligation by scheduled due dates, you may have to pay additional costs associated with any collection efforts, including late fees, attorney's fees, collection agency commissions, court costs and other costs that might be incurred by the College in its collection efforts.*

Student's Signature: _____

Date: _____

Sponsor's Approval: _____

Date: _____

POE/Academic Advisor: _____

Date: _____

GEN Advisor/Mentor Approval: _____

Date: _____

Department Chair Approval: _____

Date: _____