

**Independent Study Course
Approval Form**

Student Information:

Name

Student I.D. Number

Address

E-mail

City, State, Zip

Submission Date

Course Title: * _____

Independent Study Course Justification: _____

Semester in Which Study Will Occur: _____

Approval Signatures: **

Instructor's Name

Signature

Date

Director of PH.D. Program

Signature

Date

* A written proposal describing course topic, learning objective, credit hours, reading assignments, method of evaluation and bibliography must be attached.

** Signature implies approval of course itself and well as the course being taken for credit in the student's program of study.