

Independent Study Authorization

A. Student/Sponsor Information	
Student's Name:	
Term:	Student ID No. #
Independent Study Title:	
Faculty Sponsor:	
B. Details of Study	
Description of Independent Study:	
Objectives/Goals of Independent Study:	
Methodology:	
Resources:	
C. Signatures	
Student:	Date:
Faculty Sponsor:	Date:
Seminar Leader:	Date:
Dean for Academic Affairs:	Date:

After signatures are complete, copies of this form should be sent to the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Business Office | <input type="checkbox"/> Registrar's Office | <input type="checkbox"/> Seminar Leader |
| <input type="checkbox"/> Student | <input type="checkbox"/> Vice President for Academic Affairs | |