

## Independent Study Authorization

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<b>A. Student/Sponsor Information</b>	
Student's Name:	
Term:	Student ID No. #
Independent Study Title:	
Faculty Sponsor:	
<b>B. Details of Study</b>	
Description of Independent Study:	
Objectives/Goals of Independent Study:	
Methodology:	
Resources:	
<b>C. Signatures</b>	
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 |   |