

All fields must be completed.

Date _____ ID Number _____

Name _____
Last First Middle

Course _____ Credit Hours _____
Subject/Number

Course Title _____

Beginning Date _____ Projected Completion Date _____

Reason for Independent Study _____

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Department Chair Signature _____ Date _____
Chair of Department of Course's Subject Area

Faculty Member Sponsoring Study* _____ Date _____

***Please print clearly.**

Signature of Faculty Member Sponsoring Study _____ Date _____

Semester	
Fall _____	Year _____
Spring _____	Year _____
Summer 1 _____	Year _____
Summer 2 _____	Year _____

Due Date
Prior to end of Add/Register Period

Please return completed form to Academic Services for final processing.

<p>Academic Services Only</p> <p>Processed by _____</p> <p>Date _____</p>
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Academic Services
UNIVERSITY OF EVANSVILLE
Room 116, Olmsted Administration Hall 1800
Lincoln Avenue, Evansville, Indiana 47722
Telephone 812-488-2600 ■ Fax 812-488-2609