



**Office of the Registrar**  
**Proposal for Independent/Individual Study**

**All fields must be completed.**

Date: \_\_\_\_\_ ID Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Course: \_\_\_\_\_ Credit Hours: \_\_\_\_\_  
Subject/Number

<u>Semester</u>	
FALL _____	Year _____
SPRING _____	Year _____
SUMMER 1 _____	Year _____
SUMMER 2 _____	Year _____

Course Title: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_

Reason for Independent Study : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_

<p><i>Office of the Registrar</i> <i>Only</i></p> <p><i>Processed by</i></p> <p>_____</p> <p><i>Date</i> _____</p>
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Faculty Member Sponsoring Study\*: \_\_\_\_\_

**\*Please Print Clearly**

Signature of Faculty Member Sponsoring Study:

\_\_\_\_\_

**Please return completed form to the Office of the Registrar for final processing.**

Office of the Registrar  
University of Evansville  
Room 106, Olmsted Administration Hall  
1800 Lincoln Avenue, Evansville, Indiana 47722  
Phone 812-488-2600; Fax 812-488-2609