



All fields must be completed.

Date ID Number

Name Last First Middle

Course Subject/Number Credit Hours

Course Title

Beginning Date Projected Completion Date

Reason for Independent Study

Semester selection box with options: Fall, Spring, Summer 1, Summer 2, each followed by a Year field.

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

Due Date
Prior to end of Add/Register Period

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

Office of the Registrar Only
Processed by
Date

Office of the Registrar
UNIVERSITY OF EVANSVILLE
Room 106, Olmsted Administration Hall
1800 Lincoln Avenue, Evansville, Indiana 47722
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