

# Independent Study Approval Form

Date: \_\_\_\_\_

Faculty name: \_\_\_\_\_

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

Course Number: \_\_\_\_\_ Semester: \_\_\_\_\_

Section Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Student Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Complete either Section I or Section II below (*Not Both*)**

I. Total Credit Hours Towards Reassigned Time:

(# of students x credit hours per course) \_\_\_\_\_

Signature of Faculty

\_\_\_\_\_

Signature of Chair and/or Dean

\_\_\_\_\_

Signature of Academic Affairs

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## II. Approval for Monetary Compensation:

(Available if a faculty member is asked to teach an independent study course that is necessary to allow a student to graduate because a regularly scheduled course was cancelled or not offered.)

Signature of Faculty:

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Signature of Chair and/or Dean:

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Signature of Academic Affairs:

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