

**INDEPENDENT STUDY REQUEST**  
**(type or print clearly)**

Office of Admissions and Records

Illinois State University

Print Name \_\_\_\_\_  
                                        Last                                        First                                        Middle                                        Maiden

UID: \_\_\_\_\_ - - \_\_\_\_\_ Current Cumulative GPA \_\_\_\_\_

Session Applying For \_\_\_\_\_ Year \_\_\_\_\_

Independent Study: \_\_\_\_\_ 400\_\_\_\_ or 500\_\_\_\_  
                                        Course Title                                        Course No.                                        Sem. Hrs.

Previous Independent Study Course(s):

<u>Course No.(s)</u>	<u>Professor</u>	<u>Sem. Hrs.</u>	<u>Year(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

.....  
Provide a description of the course requested. List objectives, responsibilities and evaluation procedures in this space. (Use the back of this form or an attachment for additional space or attach additional pages.) Get all signatures before returning this form. This paper should be signed only after instructor and student have agreed to the objectives, student responsibilities and evaluation of student work.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Adviser

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Department Chairperson