

# Independent Study

FROM: \_\_\_\_\_  
Printed name ID # Soc Sec Num

TO: Professor \_\_\_\_\_

RE: Independent Study  
Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer 1 \_\_\_\_\_ Summer 2 \_\_\_\_\_  
Semester/year Semester/year Semester/year Semester/year

Proposed title: \_\_\_\_\_

I request permission to register for a course in Independent Study under your supervision.  
My preference is for

Check one:

- \_\_\_\_\_ LW8101 (1 credit hour)
- \_\_\_\_\_ LW8202 (2 credit hours)
- \_\_\_\_\_ LW8303 (3 credit hours)
- \_\_\_\_\_ LW \_\_\_\_\_

Grading:

- \_\_\_\_\_ Letter grade
- \_\_\_\_\_ Pass/no pass

Proposal:

I understand that I am responsible for making arrangements with the professor for the disclosure of my grade in the above course.

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

**I approve the Independent Study Proposal as submitted.**

\_\_\_\_\_  
Professor signature