

REQUEST FORM FOR APPROVAL FOR INDEPENDENT STUDY

This form must be completed and returned to the Department of Communication Office, HE 464, prior to registration for Independent Study.

Last Name	First Name	ID #	Major
<input type="checkbox"/> Journlsm 498 <input type="checkbox"/> Journlsm 798 * <input type="checkbox"/> MAGD 498			
<input type="checkbox"/> Comm 498 <input type="checkbox"/> Comm 798 *			Independent Study

Semester	Year	Subject Name	Class # (4-digit)	Section	Course Title
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The above student has asked me if I would be his/her advisor for Independent Study for the semester indicated above. We have discussed one or more possible topics for a project and have agreed upon _____ credits as representative of the work to be accomplished.

Students Signature Date

Faculty Signature Date

*Graduate Coordinator signature required for Journlsm/Comm 798 requests

Graduate Coordinator Date