UW-Whitewater Department of Art and Design

Request for Independent Study

Today's Date:	<u></u>
For Semester:	_ Of year:
Student ID:	Student Name:
Instructor:	
ARTSTDIO ARTHIST	
Number of Credits:	
Prior relevant courses:	
	
	
Brief Independent Study descri	otion:
Proposed project(s):	
Student Signature:	
Instructor Signature:	

Please note: This request does not guarantee admission to the Independent Study. Final admittance is at the discretion of the instructor. Once established, permission will be granted, and the student will need to enroll.