

Independent Study Request

1-Hour Course Supplement Request Form

Any course extension beyond the original completion date of this independent study course requires approval from the Student Appeals Committee.

Student Name:		Student ID#:	
Degree:		Concentration/ Area of Study:	

1-Hour Independent Study Course Information

Registration Term for the Independent Study Course:

Fall 20 ____
 Spring 20 ____
 Summer 20 ____

**All independent study coursework is due on the last day of the registered term.*

Course #:		Academic Department:	
Course Hours:	1 hour	Supervising Professor:	
Original (2-hr.) Course Name:			

Required Assignments

Please list the specific assignments that you will complete for this 1-hour independent study.
NOTE: These should be the assignments that you did not previously complete when you took the original course for 2 hours.

Student Signature

Date

Supervising Professor Signature

Date

Department Chair Signature

Date