Independent Study Request Form

Students that wish to enroll in an independent study must submit this completed form to the Registrar’s office by the due date*, with all required signatures and holds cleared. Note: Independent studies do not fulfill core requirements.

Student Name ___________________________ ID Number ___________________________

Class: □ Junior □ Senior CLU GPA _____ CUM GPA _____
(Min. 2.0 Req.) (Min. 2.0 Req.)

Sponsoring Professor: ___________________________ Dept. offering study: ___________________________

Major(s): ___________________________ Credit hours requesting (1-4): ______

Title of Study (Not a title of a course we offer): ____________________________________________

Semester: ___________ Beginning date: ___________ Date to be completed: ___________
(Fall, Spring, Summer)

Have you previously earned independent study credit (circle one)? YES NO
If YES, how many credits did you receive? _____ Title of Study __________________________

Previous experience (as related to this contract including course work): __________________________

Description of the study: _______________________________________________________________

Objectives of the independent study: ______________________________________________________

(Please attach additional sheets of paper, if needed.)

*Contact the Registrar’s office for the DUE DATE.
Independent Study Request Form

Methodology, Procedures, Learning activities: ________________________________

________________________________________________________________________

Conferences Scheduled: ____________________________________________________

________________________________________________________________________

Bibliography and other sources/resources: ________________________________

________________________________________________________________________

Form of final work (research paper, portfolio, etc.): ________________________

Evaluation, grading: ______________________________________________________
I accept full responsibility for my CLU enrollment, including interest that may accrue on any unpaid balance.

________________________________________________________________________

Signature of Student

Date

Authorization Section: Please obtain all of the required signatures below.

Approval of Sponsoring Professor

Date

Approval of Department Chairperson

Date

Approval of Registrar

Date

Approval of Dean (required after last day to add a class)

Date

(Please attach additional sheets of paper, if needed.)

*Contact the Registrar's office for the DUE DATE.