



# Application for Independent Study - 496

## Student Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Student ID \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Broncomail Address \_\_\_\_\_ Major \_\_\_\_\_ Credits Completed to Date \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

## Course Information

Subject	Catalog Number	Department	Grading Basis	Credits Requested
	<b>496</b>		<input type="checkbox"/> Graded <input type="checkbox"/> Pass/Fail	

Semester to be Taken:  Fall  Spring  10-Week Summer Session Year: \_\_\_\_\_

Title of the Proposed Study: \_\_\_\_\_

Description of the Proposed Study - Add an attachment if more space is needed: \_\_\_\_\_

## Student Signature

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

## Additional Signatures Required

### Professor Assigned to the Independent Study

Printed Name: \_\_\_\_\_  Approved  Denied

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

### Student's Advisor

Printed Name: \_\_\_\_\_  Approved  Denied

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

### Department Chair of the Major or Course

Printed Name: \_\_\_\_\_  Approved  Denied

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