

The Honors College Permission to Enroll in Independent Study

(Independent Study relates to projects that do not fall specifically within an individual department's curriculum.) Student Name _____Student 901-___ Student Degree Program College Course Number HON 486__ Credit Hours (1-4)____Honors Instructor____ Term/year Independent Study will be completed Independent Study Title _____ Instructor/Department Specify why Independent Study is requested: Instructor: Describe the content and objectives of the course, major assignments, the method of evaluating student's work, and any arrangements between the student and faculty member for the completion of the course. (use the back of this form if needed, or attach a syllabus.) ABOVE TERMS AGREED TO: Student Date Instructor Date APPROVAL:

Photocopy kept by each signatory. Original retained in student's file in HC. Student registers for Independent Study with an Overload Slip signed by HC Academic Advisor or HC Dean.

Date

Dean