Please select one:  
☐ Independent Study
☐ Course by Special Arrangement

STUDENT'S NAME: ________________________________________________________________

COLLEGE-WIDE ID NUMBER: ___________________  CELL PHONE: ___________________

# CREDITS ENROLLED IN CURRENT SEMESTER: ________  CUMULATIVE GPA: ____________
(excluding this course)

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<thead>
<tr>
<th>COURSE PREFIX</th>
<th>COURSE NUMBER</th>
<th>TITLE</th>
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<th>CREDITS</th>
<th>SEMESTER/YEAR</th>
<th>COURSE INSTRUCTOR (PRINTED)</th>
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1. How does this course fit into the student’s program of study and why is it NECESSARY this semester?

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

2. Attach SYLLABUS for details of the course, learning outcomes, readings, assessment and grading.

REQUIRED SIGNATURES:

1. ___________________________________________ DATE
   STUDENT
   If approved and registered for this course, please drop the following course(s) from my schedule: ________________________________

2. ___________________________________________ DATE
   COURSE INSTRUCTOR

3. ___________________________________________ DATE
   DEPARTMENT CHAIRPERSON

4. ___________________________________________ DATE
   IF NECESSARY, HONORS PROGRAM COORDINATOR

5. ___________________________________________ DATE
   DEAN OF UNDERGRADUATE STUDIES

✓ This form must be submitted by the last day of add/drop to the Dean of Undergraduate Studies.

✓ First-Year students are ineligible for these courses.

✓ A student may take no more than one Independent Study per semester, and no more than four in a degree.

___________ Date received by Registrar

Rev. 2/2010