



Application for Independent Study—496

Student Information

Student Name	Phone Number	Student ID
Street Address	City	State ZIP
Broncomail Address	Major	Advisor
Credits Compete to Date	Cumulative GPA	

Course Information

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

Title of Proposed Study _____

Description of Proposed Study—Add attachment if more space is needed

Semester to be taken: Fall Spring 10-week Summer Session Year _____

Student Signature _____ Date _____

Professor Assigned to Independent Study (print name)

Approved Disapproved _____
Professor Assigned to Independent Study Signature Date

Approved Disapproved _____
Advisor—Print Name and Sign Date

Approved Disapproved _____
Department Chair—Print Name and Sign Date