



DIRECTED INDEPENDENT STUDY APPROVAL FORM

This form must be completed by instructor, approved by the dean, and appropriate vice president prior to registration.

Name _____ ID # _____ Date _____

Address _____
STREET CITY STATE ZIP

Phone _____ Semester _____ Program of Study _____

This Independent Study Course will satisfy requirements for this program as a: [] Warranty Claim or [] Elective

Course Title: _____

State objectives, specifically how each will be accomplished, and method of assessment:

Five horizontal lines for writing objectives and assessment methods.

Student's Signature _____ Date _____

Instructor's Signature _____ Date _____

Dean's Signature _____ Date _____

Vice President's Signature _____ Date _____

Course Number: DIST _____ CRN: _____

Copy of form to: [] Academic Affairs [] Registrar's Office

FOR REGISTRAR'S OFFICE USE ONLY

Entered into DegreeWorks: _____ Date _____