

## Independent Study Form

*Fill out this form completely and return it to the Registrar's Office before the course "add" deadline of the semester in which you wish to gain credit for your work.*

Student Name (Last, First Middle Initial)		WU Student ID Number		Division
Date	Semester	Student Phone Number	Student Email Address	

Student Level: (Please circle one)  
 Freshman      Sophomore      Junior      Senior      1<sup>st</sup> Year Grad      2<sup>nd</sup> Year Grad

Independent Study Title	Credits
Supervising Faculty Name	Section #

Independent Study Description

Faculty Signature	Materials fee
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Approved	Additional Comments
<input type="checkbox"/> Y <input type="checkbox"/> N	

Signature Associate/Assistant Dean/Director of Graduate Studies Signature	Date
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FOR REGISTRAR'S OFFICE USE ONLY			
Date Online	Date Fee Charged	Milestone	Initials