Independent Study Course

*Must be returned to the Student Services Center, 18 Gregory Hall, to be processed*

**UIN**

**Major**

**Student’s Name (Please print)**

**Student’s Signature/Date**

**Independent Study or Special Research Project** - Attach a written outline of specific academic work to be performed including how this work will be directly supervised by a faculty member. Obtain approval from faculty member and from head of faculty member’s department. Professional work related to student’s major must be supervised by a College of Media instructor. Instructor will work with student to earn credit worth _____ hours.

**Instructor’s signature/Date**

**Department Head’s signature/Date**

*If course is approved, students will receive an email containing information to register themselves before “add” deadline for:*

<table>
<thead>
<tr>
<th>Course</th>
<th>Number</th>
<th>Section*</th>
<th>CRN*</th>
<th>Hours</th>
<th>Term/Year</th>
</tr>
</thead>
</table>

*Section and CRN to be completed by department*

Copy given to student _____
Email sent to student ___________________
Processor’s Initials/Date ___________________