

First Name

Middle

Last Name

Banner #

E-mail

Independent Study Supervisor

Supervisor E-mail

Department

Course Prefix and Number

Number of Credits

Semester

Year

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Title of Independent  
Study Project:

Description or  
Statement of Project:

Requirements of Project:

Method of Evaluation of  
Study / Project

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Once this form has been signed by the student, supervisor, and department chair, please send to the College of Arts and Sciences Dean's Office to obtain the appropriate associate dean's signature. Copies of the completed form will then be distributed as follows: three (3) copies to the department for 1) the student, 2) the supervisor, and 3) the department chair / department files, one (1) copy to the Office of Academic Advising. The original will be kept in the CAS Dean's Office.

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If the independent study course number is not included on the course schedule for the requested semester, then the academic department must also submit a "Request for Addition to Current Schedule" form.

This form can be found at <http://webmedia.jcu.edu/registrar/files/2015/03/Addition-to-current-schedule-New.pdf>.