

Independent Study Request Form

Student completes this section in conjunction with their program coordinator			
Student Name			
Email Address		Phone	
Address (if off campus)			
Course Name and Number		Semester to be Registered	
Requested Faculty Supervisor			
<input type="checkbox"/> I have spoken with the requested supervisor <input type="checkbox"/> I have not spoken with the requested supervisor			
Provide details of request and reason(s) why you wish to take a course as an independent study:			
Student Signature		Date	
Program Coordinator Signature		Date	
Once above section is completed, return form to the Dean of the Seminary's office for further processing.			
Approval by Dean of the Seminary <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		Faculty Load Details <input type="checkbox"/> Regular Faculty Load <input type="checkbox"/> Faculty Overload	
Signature		Date	
Start Date	Completion Date	Date Syllabus Provided	
Faculty Supervisor Signature		Date	
Comments			
Academic Services – Office Use Only			
Academic Review	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registrar Signature	Date
Student Financial Review	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date received	Date registered	Date emailed student	