

**COURSE REQUEST
INDEPENDENT STUDY**

SITE LOCATION

Semester/Year _____

Course Title _____ Credit Hours _____

Dept. _____ Course No. _____ Tuition & Fees _____

Proposed Textbook: _____
Title Author

_____ Edition Copyright ISBN (if known)

Are there any prerequisites or testing requirements? (Please list) _____

Have you submitted the independent study plan of course completion with this request? _____

If not, why? _____

Has instructor been approved to teach this course? _____

If not, has a part-time application (including W-4 and I-9 forms) been filled out and official transcripts submitted? _____

Is this course offered for S/U only? _____

INSTRUCTOR INFORMATION

Name _____ Social Security # _____

Address _____ Home Phone _____

_____ Work Phone _____

If your address has changed in the past year, please check the box.

Email Address: _____

FOR OFFICE USE ONLY

Approved By

Date

PLEASE MAKE SURE CLASS OUTLINE IS ATTACHED