REQUEST FORM FOR APPROVAL FOR INDEPENDENT STUDY

This form must be completed and returned to the Department of Communication Office, HE 461, prior to registration for Independent Study.

Last Name First Name ID # Major

☐ Journlsm 498 ☐ Journlsm 798 *

☐ Speech 498 ☐ Speech 798 * Independent Study

Semester Year Subject Name Class # (4-digit) Section Course Title

The above student has asked me if I would be his/her advisor for Independent Study for the semester indicated above. We have discussed one or more possible topics for a project and have agreed upon _____ credits as representative of the work to be accomplished.

_____
Students Signature Date

_____
Faculty Signature Date

*Graduate Coordinator signature required for Journlsm/Speech 798 requests

_____
Graduate Coordinator Date

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