The Literature Program
Request for Independent Study

Semester: Fall _____ Spring_____

Course Title:

_____

Instructor: _____

Student Name: _____

Student Email Address: _____

Student ID:_____

# of Independent Studies already taken: _____

By signing below, I give this student permission to take the above Independent Study.

_____
FACULTY SIGNATURE

For DGS office use only:

□ Approved: _____

□ Added to schedule: _____ □ Faxed to Registrar's office: _____

Course number: _____ Permission number: _____