Independent Study Application

Check One:

- Directed Research/Reading
- Tutorial Application

Instructions to Students

- Complete this application and submit to appropriate faculty member, chairperson and dean.
- Return the completed application to the Office of the Registrar. All independent studies must be registered.
- 3. See the catalog for description of independent study.

ATTENTION:

This must be sent via SVSU email accounts



SVSU does not discriminate based on race, religion, color, gender, sexual orientation, national origin, age, physical impairment, disability or veteran status in the provision of education, employment and other services.

First Name		Last Name		
Student ID Number		Class Standing		
Telephone ()_	elephone () Cumulative GPA			
Email Address:				
Semester	, 20	_ Length of course	7 ½ weeks	15 week
Department/Course N	Number		Credits	
Course Title (30 Chara	acters)			
Printed Instructor Na				
Student Signature			Date	
Total Number of hours ea	arned by contracte	ed study prior to this request	Total Cred	its to this date
Total Number of hours co	ontracted study re	quested this semester	Credit hou	irs this semeste
STUDENT/FACUL	<u>.TY USE</u>			
REASON FOR CONTRA	ACTED STUDY	:		
 			G OBIECTIVES	
RESOURCES/MATERIA	ALS TO BE US	ED IN ACCOMPLISHIN	G OBJECTIVES	:
PROGRESS ON COMP	LETION OF CO	DURSE WILL BE ACCO	MPLISHED BY:	
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Course Title (30 Characters)

Credits