

REQUEST FOR INDEPENDENT STUDY

This form must be completed, signed, and submitted at the time of registration for the course.

Name of Student _____ Student's ID number _____ - _____ - _____

Student's Classification (freshman, sophomore, junior, or senior) _____

Barton Cumulative GPA _____ (*2.50 required minimum*) GPA in major or minor _____

List any previous **INDEPENDENT STUDY** courses and hours earned _____

Semester and Year in which **INDEPENDENT STUDY** is to be taken _____ / _____

Name of faculty directing the **INDEPENDENT STUDY** _____

Course number and title _____

Semester hours to be awarded _____

PROPOSED COURSE OF STUDY: (*Must include a course description, statement of purpose, an outline of study, and a plan for assessing student performance*)

Signature of Student

Date _____

Signature of Faculty Directing Study

Date _____

Signature of Dean of School/Chair of Department

Date _____

Signature of Provost/Vice President for Academic Affairs

Date _____

_____ Approved

_____ Denied

Comments: