APPLICATION FOR INDEPENDENT STUDY

TERM: FALL ☐ SPRING ☐ SUM ☐ YEAR: ☐ ☐ ☐ ☐

STUDENT INFORMATION: IDENTIFICATION #: _________________

Last Name ___________________________________________ First Name ______________________ M.I. ______

__________________________________________________________ _________________________________

Student’s Signature Date of Application

<table>
<thead>
<tr>
<th>COURSE PREFIX/NUMBER</th>
<th>COURSE NAME</th>
<th>CR. HRS.</th>
<th>SUB SESSION</th>
<th>SECTION #</th>
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</thead>
</table>

* Section will be input at the departmental level.

Date: ☐ ☐-☐ ☐-☐ ☐

INSTRUCTOR’S ID# __________________________

Instructor’s Last Name __________________________/ First Name __________________________
Instructor’s Signature ________________

Instructor’s GL Code: Please check appropriate box. This information must be completed. If not, form will be returned to the appropriate Dean’s Office for completion.

☐ 56001-Adjunct Faculty ☐ 52101-Full Time Faculty (Overload) ☐ 52102-Full Time Employee-Non Faculty

DEPARTMENT/CHAIRPERSON APPROVAL:

Chairperson’s Signature __________________________

DEPARTMENT/CHAIRPERSON APPROVAL:

Chairperson’s Signature __________________________

DEPARTMENT/CHAIRPERSON APPROVAL:

Chairperson’s Signature __________________________

DEPARTMENT/CHAIRPERSON APPROVAL:

Chairperson’s Signature __________________________

DIVISION APPROVAL:

Dean’s Signature __________________________

DIVISION APPROVAL:

Dean’s Signature __________________________

DIVISION APPROVAL:

Dean’s Signature __________________________

ORIGINATING CAMPUS: DB ☐ FPC ☐ SC ☐ WC ☐ DELT ☐

Operator: __________________________ Date: ________________

Revised 03/05/13