Application for Independent Study

DAYTONA STATE COLLEGE

Semester: _____   Year: _____

_____   _____
Student's Name   Student's ID Number

_____   _____
Student Signature   Date of Application

Course Subject	Course Name	Credit Hours	*Class #

*Class # will be input at the department level.

_____   _____
Instructor's Name   Instructor's ID#

_____   _____
Instructor's Signature   Date

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.

☐ 056001-Adjunct Faculty   ☐ 052101-Full Time Faculty (Overload)   ☐ 052102-Full Time Employee-Non Faculty

DEPARTMENT/CHAIRPERSON APPROVAL:

_____   _____
Chairperson's Signature   Date

DIVISION APPROVAL:

_____   _____
Dean's Signature   Date

ORIGINATING CAMPUS: ☐ DB ☐ FC ☐ SC ☐ WC ☐ DTC

_____   _____
Operator's Signature   Date Processed