



A Member of The Texas A&M University System

REQUEST FOR INDEPENDENT STUDY COURSE

Please refer to the Policies for Independent Study Courses on the reverse of this form.

STUDENT NAME _____ CWID/SSN _____

SEMESTER _____ DEGREE _____ MAJOR-MINOR _____

COURSE NUMBER AND TITLE : _____

I am requesting permission to enroll in the above independent study course because:

I will also be enrolled at Texas A & M International University during the same semester for a total of _____ credits. I have applied to graduate in _____ semester.

Student's Signature _____ Date _____

To be completed by faculty of department and college where course is offered:

Signature of Professor who will offer this course _____ Date _____
(attach copy of syllabus)

Signature of Professor who normally offers this course _____ Date _____

Department Chair's Signature _____ Date _____

Dean's Signature _____ Date _____

RETURN THIS FORM along with add form TO THE REGISTRAR'S OFFICE. Registrar will review student's record. Process may take up to five working days.

Approved to add to SIS Date: _____ Initials: _____

Added to SIS Date: _____ Initials: _____

Form Disbursement:
white-Registrar; yellow-Professor's file in Chair's Office; blue-Independent Study file in Chair's Office; green-Dean; pink-Professor of Course

8/98

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