

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Last First Middle Initial

Campus: \_\_\_ Resident \_\_\_ Online

Major: \_\_\_\_\_ LU Box / Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Qualifications**

-Graduating seniors, graduate students, or students who have changed programs and are having problems making schedule adjustments may qualify for independent study.

-The student may register for a directed research course as an enhancement to a course of study.

**Procedure:**

1. Contact the Department Chair for assigning of instructor.
2. Ask the instructor to complete this form and sign.
3. Obtain signatures from the Department Chair, College/School Dean, and Vice Provost.
4. Return completed form to the Registrar's Office for the Registrar's signature.
5. Standard add/drop policies apply.

**Deadline:** Must be completed and approved in the semester prior to the semester in which the student is registering for the Independent Study. Any exceptions must be approved by the Dean. Form must be submitted no later than the last day of drop/add.

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Semester Course Is To Be Taken: Fall  Spring  Summer  20\_\_\_\_

Are you graduating this semester? Yes  No

Course # \_\_\_\_\_ Course Title: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Reason for taking this course \_\_\_\_\_  
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**Proposed Plan of Study MUST Include:**

- a. Objectives
- b. Required texts
- c. All assignments with due dates
- d. Special projects with due dates
- e. Minimum number of class meetings with instructor

**In addition:**

***For Independent Study:*** Attach the syllabus for the course with the appropriate modifications.

***For Directed Research:*** Attach a research proposal.

1. \_\_\_\_\_  
Instructor (Please print name)

1. \_\_\_\_\_  
Instructor (Signature) Date

2. \_\_\_\_\_  
Department Chair Date

3. \_\_\_\_\_  
Dean /Administrative Dean Date

4. \_\_\_\_\_  
Vice Provost Date

5. \_\_\_\_\_  
Registrar's Office Date

Instructor is qualified to teach course:  (Dean or Chair must check for approval.)