
Independent Study Form

*Students must complete this form in consultation with the supervising faculty member and submit it to the BA Director for approval in advance of registering for the course. **Please type in the spaces provided and email to the BA Director, copying the supervising faculty member.***

Date:

Student name:

Faculty member:

Semester and year:

Reason:

(Provide evidence that there is not another available course that meets your degree needs. Be specific. Please include your course schedule, course alternatives, and major requirements. Include attachments, if necessary):

Description of research project of other coursework (Be specific with respect to the substantive area and expected work products):

Supervising Faculty Signature
