



## Independent Study Request Form

**Student Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Sem/Year:** \_\_\_\_\_ **or STerm:** \_\_\_\_\_

**Course information:**

| Department | Course # | Course Name | Start/End Date | Credit Hours |
|------------|----------|-------------|----------------|--------------|
|            |          |             |                |              |

**Offering information** (*Consult with advisor and/or course instructor*):

- Yes  No Is this course in the regular course offering for this semester?  
 Yes  No Is this course being offered next semester? (based on the regular course rotation)

**Reasons for requesting independent study:**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor/Academic Program Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administrative Use Only**

Request received by Academic Affairs on: \_\_\_\_\_ Approved: \_\_\_ Yes \_\_\_ No

**Provost/Assistant Provost Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please submit this completed form to the Office of Academic Affairs \* Murray Center Room 206 \* 812-749-1238  
[academicaffairs@oak.edu](mailto:academicaffairs@oak.edu)*