



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*