Advisor—Gr Department (Dean—Canat	Chairperson—Blue Copy	NDERGF	UNIVERSITY OF			ONTRACT	AS-6U (4/19/93)	
Instructor-F	Pink Copy Idenrod Copy		uired signatures must					
Student's Name (Print)					Local Phone			
Student Number (SSN)				Major				
Course								
	Department	Prefix	Course Number	Suffix	Section	Credits	Schedule Code	
Term	Fall		Spring	Summer I		Summer II	Year	
Instructor (Print)							
		To be	completed by the instru	uctor who will	supervlse th	e study		
Course S	ummarv:							
Course T								
(Will app Academi Record)								
· · ·	es: (What new skills a	nd/or inform	nation will the student a	cquire?)				
Textbook	s, Readings or other	Resources	to be used:					
Method o	of Evaluation:							
	Instructor's Signature		Date	GPA:				
I certify that this Independent Study: () will be used as part of my:() Major.				in	Grade Point Average of 2.5 or greater required to er in independent study courses. (Dean should verify (
		· · ·	nor.	be	fore signing	.)		
() Cognate. This grade will be computed in my Grade Point Average (GPA)				their	Only students who take independent study as a part of their major, minor, or cognate may receive grade point credit for independent study.			
() will not be used as part of my major, minor, or cognate.I will receive a pass-fail grade. (Pass-fail grades do not affect your GPA.)					Independent study credits applied toward any undergraduate			
				degre	e may accor	int for no more than 109	6 of the total	
Present th	on of this form does n is completed form to register via VIP.			indep	pendent study	urs for that degree. The credit per term is limit	ed to six hours.	
	Student's Signature		Date	D	epartment Cl	nairperson/Area of Cours	e Head Date	
					r	1		
	Advisor's Signature		Date		Stud	ent's Dean's Signature	Date	