

INDEPENDENT STUDY APPROVAL REQUEST
College of Education and Behavioral Sciences

Student's Name: _____

WKU ID: _____

Academic Major: _____

Classification (check or circle one)

E-mail address: _____

FR SO JR SR GRAD

Course Requested for Independent Study

Course prefix and number: _____

CRN: _____

Course title: _____

Semester of planned independent study: Fall Spring Summer Credit hours: 1 2 3

Name of faculty supervisor for independent study project: _____

Briefly explain your reason(s) for choosing to do this independent study project and what you hope to accomplish:

Describe your planned independent study project (attach additional pages if needed):

Describe the intended final product of your project (e.g., student-authored research paper, conference presentation, data set, etc.):

Signatures:

Student: _____

Date: _____

Faculty Supervisor: _____

Date: _____

Department Head: _____

Date: _____

Dean: _____

Date: _____