

Valparaiso University

INDEPENDENT STUDY

Department _____

In addition to completing this form, the student must register for the class under its proper catalog number.

Student's Name _____ ID # _____

Local Address _____ Phone _____

College (circle): A&S CBA ENGR NURS

Class (circle): FR SO JR SR

Major _____ Adviser's Name _____

Course No./Section _____ Credits _____

Semester: Fall (year) _____ Spring (year) _____ Summer (year) _____

Supervising Instructor's Name _____

Title of Project _____

Substance of Project [subject area(s), thesis, particular approach]: _____

Reading/Resource List: _____

Method of Evaluation: _____

APPROVALS:

Instructor's Signature _____ Date _____

Department Chair's Signature _____ Date _____

Dean's Signature _____ Date _____

For regular semesters, this form is returned to the Office of the Registrar.