STUDENT ID:  
DATE:  

NAME:  

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<th>COURSES DROPPED</th>
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Total Credits Dropped  
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Total Credits After Change  

Dean’s approval for overload  
Adviser’s Signature  

After securing adviser’s signature, **RETURN THIS CARD ALONG WITH YOUR PROJECT PAPERWORK TO THE GRADUATE SCHOOL.**
#795 MBA INDEPENDENT STUDY
THE GRADUATE SCHOOL
VALPARAISO UNIVERSITY

Valparaiso, Indiana 46383-6493
(219) 464-5313 or (800) 821-7685

This form must be completed, signed by both the instructor and the program advisor, and returned to the Graduate School Office. Upon approval of the Dean of the Graduate School, copies will be distributed. Please note: This completed form does not constitute registration for this course. The student must turn in the registration form with the independent study form.

IMPORTANT NOTICE: Enrollment in Independent Study (595, 692, 695) requires prior completion of 12 credits of graduate level work. No more than 6 credit hours of Independent Study (595, 692, 695 or any mix thereof) may be used toward completion of a master’s degree program.

I. Title of Project: ____________________________
Title for Transcript: ____________________________ (limit 24 letters & spaces)

II. PROPOSED PROJECT

Please submit a typewritten,double-spaced description on subject area(s), thesis, scope, particular approach, etc

III. READING LIST

On an attached sheet, in a typewritten format, list at least 5 major references (texts, monographs, articles) that will support the project. References may include both primary and secondary source materials.

Instructor’s Name (Printed): ____________________________ Date: ____________
Instructor’s Approval Signature: ____________________________ Date: ____________
Program Advisor’s Approval Signature: ____________________________ Date: ____________
Graduate Dean’s Approval Signature: ____________________________ Date: ____________

PLEASE NOTE: Incomplete forms will not be processed.
cc: Registrar’s Office