



## Ph.D. Program Independent Study Approval Form

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Professor: \_\_\_\_\_

Type of Grade: \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Focus of Independent Study:

Requirements for Grade (including meetings with professor and what will be produced:

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Professor Signature Date

\_\_\_\_\_  
Ph.D. Program Director Signature Date