



Registrar Office Use Only:
Form rec'd: _____
Processed date: _____ Init.: _____
Registrar signature & date: _____

INDEPENDENT STUDY REQUEST FORM

To request an Independent Study: Bring this completed and signed form for each course to the Registrar's Office during the registration or add/drop periods.

REQUIREMENTS:

Masters Level students must be registered for class work, unless they have previously attained at WTS a GPA of 2.80 or better. (For additional requirements, see Catalog.)

Advanced Degree students should review the relevant degree program section of the catalog for any Independent Study restrictions or limitations.

1. All deadlines for regular courses (e.g. registration, drop/add, withdrawal, incomplete, etc) and the normal tuition refund schedule will apply. Please see catalog for details.
2. For the Fall and Spring semesters, all work for Independent Study courses must be completed no later than the last day of the exam period. For other terms, submission is due no later than the last day of the term. The professor may require work to be submitted prior to that date.

STUDENT REQUEST:

Student's Name: _____ Student ID: 000-0__ -__ __ __

Program: _____ Emphasis: _____

Semester/Term and Year of Independent Study Course: SU FA WI SP Year: _____

Course Department: AP CH NT OT PT ST

Course Title: _____

(Title will appear on transcript.)

Professor: _____

Course Level: Ph.D./Th.M./D.Min. Level Master's Level - # of Credit Hours: _____

Is this a required course for your degree? No Yes If yes, required Course ID: _____

Reason for Request: _____

(You may continue on back or on a separate sheet.)

Student's Signature: _____ Date: _____

Professor's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

(Advisor's signature required from PhD/ThM/DMin Students only.)

----- **Below for office use only** -----

Academic Affairs: Approved Denied Initials: _____ Date: _____

Registrar's Office: Course ID: _____ Section: _____ Initials: _____ Date: _____