



APPLICATION FOR INDEPENDENT STUDY

(Transcript must be attached to this application)

- PLEASE PRINT -

Name: _____ B-CC ID # _____ Date: _____

Major: _____ Advisor: _____

Last Semester GPA: _____ Cumulative GPA: _____

Anticipated Graduation Date: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ (Eve) _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Courses Requested to be taught on Independent Study:

Course #:

Course Name:

Instructor: _____ Semester: _____

Reason for request: _____

Approved by:

Instructor

Date

Area Coordinator

Date

School Dean

Date

Vice President for Academic Affairs/Dean of Faculty

Date

Registrar

Date

FOR OFFICE USE ONLY:

Date Received: _____

Processed Date: _____

Completed by: _____

8/2009