



Application for Independent Study—496

Student Information

Student Name	Phone Number	Student ID	
Street Address	City	State	Zip
BroncoMail Address	Major	Advisor	
Credits Complete to Date	Cumulative GPA		

Course Information

Subject	Catalog Number	Department	Grading Basis	Requested Credit Hours
	496			

Title of Proposed Study _____

Description of Proposed Study—Add attachment if more space is needed

Semester to be taken: Fall Spring 10-week Summer Session Year _____

Student Signature Date

Professor Assigned to Independent Study (print name)

Approved Disapproved

Professor Assigned to Independent Study Signature Date

Approved Disapproved

Advisor—Print Name and Sign Date

Approved Disapproved

Department Chair—Print Name and Sign Date