



GRADUATE PROGRAMS Request for Independent Study

INSTRUCTIONS:

- **This form is to be completed by the instructor** and forwarded to the Department Chair and the Dean of the College/School for approval or disapproval.
- **A course syllabus that adheres to Fayetteville State University's syllabus format** <http://www.uncfsu.edu/academic-affairs/faculty-information-and-forms> must be attached.
- **The College/School** will forward completed/signed original to the Registrar's Office for processing.
- **Note: An existing course listed in the Graduate Catalog may not be taught as an independent study. Anyone seeking to pursue independent study must be a candidate seeking a degree at Fayetteville State University. Only one (1) Independent Study Course may be taught per semester, including intersession terms.**

For Semester: Fall Spring Summer I Summer II Year: _____

Instructor: _____
(Print Name) (Signature)

Student's Name: _____ Banner ID: _____

Course Subject and Number: _____

Course Title: _____ Total Contact Hours Required: _____

Justification for Request:

Department Chair (Signature) Date Approved Disapproved

Dean of the College/School (Signature) Date Approved Disapproved