Print Form

REQUEST FOR INDEPENDENT STUDY APPROVAL
Semester Enrolled: 2012S
UH 4950-_____ Course Reference Number (CRN) _____

NAME _____ MTSU BOX NO. (if applicable) _____
(Include full middle name)

STUDENT ID NO. _____ E-MAIL _____

CELL PHONE # _____ CUMULATIVE GPA _____

LOCAL MAILING ADDRESS _____
Street City State Zip

PERMANENT ADDRESS (if different) _____
Street City State Zip

MAJOR _____ MINOR _____

PROJECT ADVISOR _____ DEPARTMENT _____

ADVISOR'S EXT. NO. _____ ADVISOR'S MTSU BOX NO._____

PROJECT TITLE

EXPECTED DATE OF COMPLETION _____ SEMESTER OF GRADUATION _____

CREDIT HOURS SOUGHT **three (3) hours**

By my signature, the student and I agree that we can meet weekly or bi-weekly (as needed) with each during the following time slot in the Fall 2011 semester:

- ◯ **MWF 8:00 to 8:55**
- ◯ **MWF 9:10 to 10:05**
- ◯ **MWF 10:20 to 11:15**
- ◯ **MWF 11:30 to 12:25**
- ◯ **MWF 12:40 to 1:35**
- ◯ **MWF 1:50 to 2:45**
- ◯ **MW 12:40 to 2:05**
- ◯ **MW 2:20 to 3:45**
- ◯ **TR 8:00 to 9:25**
- ◯ **TR 9:40 to 11:05**
- ◯ **TR 11:20 to 12:45**
- ◯ **TR 1:00 to 2:25**
- ◯ **TR 2:40 to 4:05**

APPROVED:

Project Advisor Signature _____

Department Chair Signature _____
Should be the department chair of the project advisor

HC Academic Advisor Signature _____

Honors College Dean/Associate Dean Signature _____

Date _____

ATTACH YOUR REVISED PROPOSAL TO THIS FORM

Credit Hours Assigned _____

Final Grade * _____
(assigned upon completion of project)