



**UNIVERSITY OF THE  
INCARNATE WORD**

**Request for Independent Study**

**Independent Study Policy:**

- Open to juniors and seniors for study in their major or minor area
- A minimum GPA of 3.00 (cumulative or most recent term) is required for enrollment
- Requires approval of the student’s advisor, instructor directing the course, and the school/college Dean
- Enrollment limited to one independent study course per semester
- A maximum of 12 semester hours earned through independent study will apply toward the degree

Student’s Name: \_\_\_\_\_ Student’s ID: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Classification: \_\_\_\_\_ GPA: \_\_\_\_\_

Student’s Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Hours completed in student’s major: \_\_\_\_\_ Semester/Year of Enrollment: \_\_\_\_\_

**Study Proposal:** Dept/Course Number (4x98 or 6x98): \_\_\_\_\_

Descriptive Course Title: \_\_\_\_\_

Instructor of the Course: \_\_\_\_\_

Specify the purpose and description of proposed study: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the procedures and resources to be used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the type of course evaluation to be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

**Approval Signatures:**

Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

Dean: \_\_\_\_\_

Date: \_\_\_\_\_