

CENTENARY COLLEGE
INDEPENDENT STUDY APPLICATION
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Please type or print in ink all information, except where signatures are required.

_____ Class: Senior Junior Sophomore
STUDENT'S NAME CIRCLE ONE

Campus Phone _____ Home Phone _____

Student ID number _____ Cumulative GPA _____ (min 2.75)

Enrollment Status: Full- time (12 or more credits) _____ Part-time (less than 12 credits) _____

Academic Department: _____ Major: _____

Semester of study : FALL SPRING WINTER SI SII Year: _____

Proposed course level: Freshman (100) Sophomore (200) Junior (300) Senior (400) Credits _____

Title of Independent Study: _____

Name of Instructor(s): _____

If you are taking any other independent studies this semester, you are in violation of the policy stated on the first page of this form. Please explain your extenuating circumstances below.

If this course is regularly offered at Centenary or is being offered this semester, you are in violation of policy #3 on the preceding page. Please explain your "irresolvable conflict" below and list any other extenuating circumstances.

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OBJECTIVES OF THE INDEPENDENT STUDY:

TEXTS AND/OR READINGS TO BE USED:

OUTLINE OF THE STUDY (SYLLABUS):

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SCHEDULE OF MEETING TIMES:

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY/SUNDAY

METHOD(S) OF EVALUTION TO BE USED (list and explain)

Signature of Applicant _____ **Date** _____

SIGNATURES OF APPROVAL

Chair of the Dept. _____ **Date** _____

Instructor _____ **Date** _____

Instructor _____ **Date** _____

Student's Advisor _____ **Date** _____

Vice President for Academic Programs _____

or

Vice President for Strategic Implentation and Professional Programs _____

Note: Part-time students must secure their advisor's signature if one has been assigned.