

Independent Study Compensation Request

Subn	nitted by:		College/Dept./	School:				
	Student's Name	Student ID #	Subject Area, Course #, Sec. and Brief Title	Semester Taught	SH	Grade	Office Use Only	
1								
2								
3								
4								
5								
6								
7								
Auth	orization:							
Faculty Member Signature			Date					
Registrar Verification			Date	Date				

Date

Please submit this form to the Office of Registrar, Wabash Building 1M14.

Chairperson Verification/ Dean's Approval