

Office of the Provost and  
Vice President for Academic Affairs



Eastern Kentucky University

## INDEPENDENT STUDY PROPOSAL FORM Undergraduate Students

### I. TO BE COMPLETED BY STUDENT:

Name: \_\_\_\_\_ EKU ID# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ EKU Email: \_\_\_\_\_

Course Prefix: \_\_\_\_\_ Course # \_\_\_\_\_ Course Title: \_\_\_\_\_

Term: \_\_\_\_\_ Year: \_\_\_\_\_ Credit Hours: \_\_\_\_\_ Major: \_\_\_\_\_

### Description of Study Project

Project Title: \_\_\_\_\_ Faculty Supervisor: \_\_\_\_\_

### Project Objectives (attach detailed outline created by student and approved by supervisor)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Note to Student: Your signature indicates a request for the Registrar's Office to register you for the approved course and credit hours.

### II. TO BE COMPLETED BY PROGRAM CHAIR/DIRECTOR:

This Independent Study will be used as:

Substitution for Required Course Course Prefix: \_\_\_\_\_ Course Number: \_\_\_\_\_

Note: An Independent Study course can never be used to substitute for a General Education requirement.

Elective

Core Requirement for ACCT

Proposed method(s) for student evaluation:

Dates of Progress Reports: \_\_\_\_\_

Special Equipment/Supplies Needed: \_\_\_\_\_

Faculty Supervisor \_\_\_\_\_  Recommended  Not Recommended Date \_\_\_\_\_

Department Chair \_\_\_\_\_  Approved  Not Approved Date \_\_\_\_\_

College Dean \_\_\_\_\_  Approved  Not Approved Date \_\_\_\_\_

**Original to Registrar's Office. Copies from Registrar's Office, once registration is complete, to:** 1. Student 2. Faculty Supervisor 3. Student Advisor (Students 1st major, only), 4. Dean

#### For Registrar Office Use Only

Registration Complete \_\_\_ CRN \_\_\_\_\_ Date \_\_\_\_\_

Additional Pages Attached

# of Additional Pages