

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