1. Fill out top portion of form and have instructor sign at bottom.
2. Submit form to 750 Davis Hall.
3. A CCN and section number will be sent to you via email.

INSTRUCTOR’S NAME: ____________________________________________________________

SEMESTER (circle one): FALL SPRING SUMMER 20 ______

STUDENT’S NAME: ____________________________________________________________

EMAIL ADDRESS: ____________________________________________________________

INDEPENDENT STUDY FOR: ____________________________________________________

ESTIMATED DATE OF DEGREE COMPLETION: ________________________________

# of UNITS: __________

STUDENT SIGNATURE: __________________________________ DATE: __________

INSTRUCTOR SIGNATURE: __________________________________ DATE: __________

MAJOR FIELD ADVISOR: __________________________________ DATE: __________

FOR OFFICE USE ONLY

CCN: __________ SECTION #: __________