

Virginia Polytechnic Institute and State University

ESM 5974 - Independent Study Request Form

PLEASE SUBMIT THREE WEEKS PRIOR TO THE SEMESTER

<i>STUDENT INFORMATION</i>	<i>COURSE INFORMATION</i>
1. Name: _____	1. Department: _____
2. Student's SS#: _____	2. CRN #: _____
3. Local Address: _____ _____	3. Term/Year: _____
	4. Instructor: _____
4. Major: _____	5. Instructor's SSN: _____
5. College: _____	6. Date Request Submitted: _____
	7. Credit Hours: _____, P/F Only

Title of Proposed Study (Limit to 30 characters):

ATTACH ADDITIONAL INFORMATION AS NEEDED

Give brief description of the study, objectives, materials and methods, justification and method of evaluation.

APPROVALS: Student _____

Advisor _____

Instructor _____

Department Head _____

Academic Dean _____

Graduate Dean _____