



## REQUEST FOR INDEPENDENT STUDY

Prairie View A&M University  
Prairie View, Texas 77446

To be completed with student : \_\_\_\_\_ P  
Name Student ID #

I respectfully request to enroll in Independent Study \_\_\_\_\_  
Course Prefix & Number (for IS only)

During the \_\_\_\_\_  
Term Year Topic of Study and Course Prefix

The reason (s) for requesting this Independent Study are :

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\_\_\_\_\_ has agreed to supervise and evaluate this

Instructor's name & ID#

Independent Study in accordance with the following objectives and requirements.

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The following time commitments have been agreed upon to satisfy the above objectives.

<u>Hours Per Week</u>	<u>Number of Weeks</u>	<u>Credit Hour Value</u>	<u>Time</u>
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Student Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Instructor Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Recommended : \_\_\_\_\_ Date: \_\_\_\_\_  
Department Head

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean of College or School

*\*\*A student may not enroll in an independent Study course prior to its approval.*