



REQUEST FOR INDEPENDENT STUDY

Prairie View A&M University
Prairie View, Texas 77446

To be completed with student : _____
Name Student ID #

I respectfully request to enroll in Independent Study _____
Course Prefix & Number

During the _____
Term Year Topic of Study

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

_____ has agreed to supervise and evaluate this
Instructor's name & ID#
Independent Study in accordance with the following objectives and requirements.

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

Hours Per Week	Number of Weeks	Credit Hour Value	Time

Student Signature : _____ Date : _____

Instructor Signature : _____ Date : _____

Recommended : _____ Date: _____
Department Head

_____ Date: _____
Dean of College or School

Approved : _____ Date: _____
Executive Vice President for Academic Affairs

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

DISTRIBUTION : Student-White Instructor-Green Department head-Yellow Dean-Pink Academic Affairs-Golden Rod