INDEPENDENT STUDY REQUEST

Alliant International University

IMPORTANT: ALL fields below are REQUIRED. The form will be returned if incomplete.

Student name: _____ **ID#:** _____ **Campus:** _____

Degree program: _____ **Term:** _____ **Year:** _____

Reason for independent study: _____

_____

_____

Independent study information

Course number: _____ **Units:** _____ **Grading type:** ☐ Letter grades (A to F) ☐ Credit/no credit

Title of course (please limit to 30 characters):

Instructor name: _____ _____
First **Last**

Begin/end date: _____ / _____

Students receiving VA benefits, please provide onsite meeting dates (if any): _____

_____

Course description (summary): ☐ Same as catalog

☐ Other: _____

_____

_____

_____

If the course is not a requirement, which course does it substitute for? _____

_____ _____
Student signature **Date**

Approved by:

_____ _____ _____
Program Director name (please print) **Signature** **Date**

Please submit the completed form to Student Services for processing.

For Registrar's Office use only:

Processed by: _____ **Date:** _____

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