**INDEPENDENT STUDY APPLICATION**

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| Student Name: |
| Student ID #: |
| Student email: |
| Overall GPA: | Major GPA: |
| Semester and Year of Independent Study: |
| Circle Program: CJUS EDUC HSRV I.R. PHIL POLI PUPL SOCI |
| Circle: 405 (1/2 unit) 406 (1 unit) 407 (1/2 unit)  |
| Project Title (tentative): |
| Contact hours (to be completed by Supervisor):  |
| Faculty Supervisor: |

Attach your proposal to this application.

I have read, understand, and accept the requirements for enrolling in and completing an Independent Study. Furthermore, I hereby give permission to my faculty supervisor and School Dean or Assistant Dean to review my academic standing, academic integrity, and student conduct records as part of the approval process.

Student Date

Faculty Supervisor Date

School Dean or Assistant Dean Date