



Request for Graduate Independent Study Form

Complete all information on this form and submit two weeks prior to beginning of semester.

Student Name: _____	Student ID #: _____
Major: _____	College: _____
VT Email Address: _____	Overall GPA: _____
Department: _____	Semester/Year: _____
Instructor Name: _____	Instructor ID #: _____
Date Request Submitted: _____	Credit Hours: _____ (P/F only)
Title of Proposed Independent Study: (Limit to 30 characters) _____	

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

Attach additional information as needed.

_____ Student	_____ Instructor
_____ Date	_____ Date
_____ Advisor	_____ Department Head/Director
_____ Date	_____ Date
	_____ Dean
	_____ Date

Note: If adding this course puts you over **18 credit hours**, you will need permission for an overload from the Graduate School.