



REQUEST FOR INDEPENDENT STUDY COURSE OR ONLINE CATALOG COURSE

All students must have a current GPA of 2.00 or above to take an independent study.

Student's Name: _____ Student's ID #: _____

Local Address/Box #: _____

City/State/Zip Code: _____

Averett Email Address: _____

Phone: _____

Major: _____

COURSE INFORMATION:

Department/Course #	Course Title	Credits

Term/Year of Registration	
---------------------------	--

Reason for Independent Study:

APPROVAL: *required signatures

*ADVISOR: _____

*DEPARTMENT CHAIR: _____

INSTRUCTOR: _____

I agree to follow the Instructor's requirements for this course as outlined in the syllabus.
I acknowledge the extra fee of \$90.00 per school credit hour for taking this course.

Student Signature: _____ Date: _____

FOR REGISTRAR OFFICE USE ONLY:	
Date Received: _____	Current GPA: _____
Date Registered: _____	Course Session: 1 2 3