INDEPENDENT STUDY APPLICATION

Name ___________________________ UTD ID # ___________________________

Major ___________________________ Total Hours Passed __________ Current GPA __________

Independent study is a course under a faculty member's direction. All 4000-level independent studies require upper-division standing. Specific course numbers may require additional prerequisites. Please refer to the Academic Catalog for details.

Course Number ________________ Sem. Hrs. ________________ Semester __________

Section Number ________________ 5-digit Class Number ________________

Describe briefly the topic and scope of the proposed independent study. Include examples of readings, exercises, and other relevant information:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Final product of the independent study (e.g. research paper, creative project, annotated bibliography):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Courses taken at UTD which are relevant to this project: ____________________________

To be filled out by Academic Advisor:
How independent study will be used on degree plan: ____________________________

Student’s Signature ___________________________ Date __________

By signing, the student gives School of ATEC permission to register said student for the above noted independent study. It is the responsibility of the student to confirm enrollment details through Galaxy/Orion.

Faculty Supervisor (Please Print) ___________________________ Faculty Supervisor’s Signature ___________________________ Date __________

Academic Advisor (Please Print) ___________________________ Academic Advisor’s Signature ___________________________ Date __________

Associate Dean’s Signature ___________________________ Date __________

Date of Enrollment by Advisor: ___________________________