

PETITION FOR APPROVAL OF INDEPENDENT STUDY (TCOM 490)

School of Communication Studies – Department of Telecommunications
Bowling Green State University

Student's Name: _____ Date: _____

POO#: _____ Phone: _____ Email Address: _____

Number of credit hours: _____ Grade Option: (Circle One) Satisfactory/Unsatisfactory or A/F

(Circle One) FALL SPRING SUMMER Year: _____ GPA: _____

CLASS STANDING: (Circle One) Sophomore Junior Senior

Title of Independent Study and student objectives:

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

This student has taken the standard courses available to him/her during the indicated semester. This proposal is an integral part of his/her total program, which cannot be satisfied through regular courses.

Signature of Academic Adviser

I am willing to guide this student in the above project. I believe this will not be excessive in terms of my other responsibilities and interests.

Director of this Independent Study

() Approve () Disapprove

If applicable, please briefly note reason for disapproval:

Signature of TCOM Chair

Section # _____
Course ID# _____

