## Independent Study Request Form

	Semester/Year:	
Date		
Hours	Undergraduate 4700 (2-4 hours)	Master's 5860 with undergrads
	DMA 7860 grade	Master's 6860 grads only
Department	DMA 7870 S/U	
Student	ID#	
Instructor	ID#	_
Course or Area of required cla	class for my degree. Advisor must approve request	gnature (Colprit, Satterlee, Papanikolaou, Rogers, Shrude)
	content of the independent study and how the student	t will be evaluated. Use back if necessary.
Signature of Department Chair		Office Only
Signature of Graduate Coordinator (if applicable)		Office Only: Course/Section openedinstructor addedtopic addedstudent enrolledexception made