

Independent Study Request



WASHINGTON UNIVERSITY of VIRGINIA

Student ID

Program

Contact Number

Last Name

First Name

Number of Completed Credits in the Program : _____

Cumulative GPA _____

Semester Requested Year: _____ Fall Spring

Requesting Course Code: _____ Course Name _____

Independent Study is granted only for a student who will fulfill graduation requirements within two subsequent semesters. The student can take no more than 2 independent study courses per semester. Independent Study is granted only for a course offered neither on-campus nor on-line in the given semester. In case the enrollment for an independent study course is bigger than is allowed by WUV's policy on large classes, and as a result the course is offered as a regular on-campus course, the student is required to re-register for the course as a regular course.

By signing below, I agree to the following:

- I have read and agree to the policy regarding Independent Study provided above.
- I am responsible for taking appropriate action(s) outlined above regarding the Independent Study Request.

Student's Signature _____ Date: _____

<OFFICE USE ONLY>

Program Director _____
Print Name

Signature Date

Faculty involved in the IND _____

Registrar's Office _____
Signature Date

Remark: _____

Received by: _____ Date: _____