

# SULLIVAN UNIVERSITY REQUEST FOR INDEPENDENT STUDY

Name \_\_\_\_\_ Date \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Student ID # \_\_\_\_\_ Major \_\_\_\_\_  
Course Name and Number \_\_\_\_\_

I am requesting an Independent Study because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate quarter requested:  
Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_

\_\_\_\_\_  
Student Signature

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## FOR UNIVERSITY USE ONLY – DO NOT WRITE BELOW

Enrolled in this class before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Two quarters or less from graduation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Requesting only <b>ONE</b> Independent Study?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grade Point Average <b>3.5 or better</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Course is required in program to graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\_\_\_\_\_  
Assistant to the VP of Academic Affairs Signature

APPROVED                       DISAPPROVED

APPROVED                       DISAPPROVED

APPROVED                       DISAPPROVED

\_\_\_\_\_  
Department Chairperson                      Date

\_\_\_\_\_  
Instructor                      Date

\_\_\_\_\_  
VP of Academic Affairs                      Date

Comments:  
\_\_\_\_\_  
\_\_\_\_\_