



# Independent Study Agreement

Upon completion of this form please email or print and submit to the Office of Enrollment Services in 172 or 173 SON.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Semester \_\_\_\_\_ Credit Hours \_\_\_\_\_

## Select One Below:

### Pre-Specialty Course Number

5598 (Non-Clinical)

5095 (Clinical)

### Graduate Course Number

6098 (Non-Clinical)

6099 (Clinical)

8080 (Doctoral)

8081 (Doctoral)

### Objective(s) In Measurable Terms:

### Grading Criteria *(To be completed by faculty member):*

*I agree to the requirements of the Independent Study Agreement:*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I agree to sponsor this student for this Independent Study:*

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_