

**VIRGINIA TECH
GRADUATE SCHOOL
REQUEST FOR INDEPENDENT STUDY (5974)**

Please submit two weeks prior to the semester.

STUDENT INFORMATION	COURSE INFORMATION
1) Name _____	1) Department: _____
2) Student's ID #: _____	2) CRN #: _____
3) Local Address: _____ _____	3) Term/Year: _____
4) Major: _____	4) Instructor: _____
5) College: _____	5) Instructor's ID# (optional) _____
	6) Date Request Submitted: _____
	7) Credit Hours: _____, P/F ONLY

8) Title of Proposed Study (Limit to 30 characters)

ATTACH ADDITIONAL INFORMATION AS NEEDED

Give brief description of the study, objectives, materials, and methods, justification and method of evaluation.

APPROVALS:

Student	_____
Advisor	_____
Instructor	_____
Department Head	_____

(2004 version)

507
2
2520
1075
2973
14
1065
52192
117
101197