

**Independent Study Form**

**Registration Services**

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|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student's Name: | |  | | | Professor's Name: | | |  | | |
| Degree: |  | | | | Date: |  | | | | |
| Grade Type: (LG or P/F) | | | |  | Semester hours: | |  | | |  |
| Student's Signature: | | |  | | Professor's Signature: | | | |  | |

(sending from .edu e-mail address constitutes signature)

|  |  |  |
| --- | --- | --- |
| Semester & Year | Course # | Course Title: *Courses offered during the academic year may not be taken as independent study* |
|  | -699 (masters)  -799 (DMin)  -999 (PhD) |  |

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| --- | --- | --- | --- | --- | --- |
| Course goals: | | | | | |
| List course requirements: | | | | | |
| Dates (minimum of 4 meetings): | 1 |  | 2 |  |  |
| 3 |  | 4 |  |  |
| Bibliography: | | | | | |

Copies: office, student, professor INDEPENDENT STUDY.frm Nov-23