# Request for Independent Study

## 

## Student Information

Name: Click or tap here to enter text.

Student ID: Click or tap here to enter text.

Major/Program: Click or tap here to enter text.

Academic Advisor: Click or tap here to enter text.

## Course Information

|  |  |
| --- | --- |
| Course Code and Title | Instructor (if known) |
| Click or tap here to enter text. | Click or tap here to enter text. |

## Reason for Request

Please provide a detailed reason for this request.

Click or tap here to enter text.

## Proposed Timeline (Completed by Faculty Member)

Please outline the major milestones, activities, and deadlines for the independent study.

Click or tap here to enter text.

## Academic Standing Confirmation

I hereby confirm that I am in good academic standing in accordance with UACCB Procedures 501.0 Academic Standards of Progress and 505.2 Satisfactory Academic Progress. I understand that maintaining good academic standing is a prerequisite for pursuing an independent study.

## Graduation Requirement Confirmation

I affirm that the course for which I am requesting an independent study is required for my graduation. I also confirm that this course is not offered in any modality during my last semester. I understand that it is my responsibility to complete all course requirements in order to satisfy my graduation requirements.

## Impact Acknowledgement

I understand that an independent study is a serious academic undertaking that requires self-discipline, organization, and regular communication with my supervising faculty member. I acknowledge that it is my responsibility to fulfill all course requirements and abide by the proposed timeline. I accept all responsibility for the success of this independent study.

## Signatures and Approvals

Student: Date:

Academic Advisor: Date:

Faculty Member: Date:

Academic Dean: Date:

Vice Chancellor for Academic Affairs: Date: