REQUEST FOR INDEPENDENT STUDY / DIRECTED STUDIES / READINGS & RESEARCH

Student's Name ____________________________
(Last, First & Middle) ____________________

<table>
<thead>
<tr>
<th>Student VU ID</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
</table>

| Name of Instructor (please print) ____________________________ |

<table>
<thead>
<tr>
<th>Course Title:</th>
<th>Credit Hours</th>
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Department Abbreviation [i.e. ENGL] Number [Will not be 369, 379, 399]  

Describe the nature of this course and list your specific responsibilities as outlined by the instructor:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Signature of Student ____________________________ Date ____________________________

Signature of Instructor (Required) ____________________________ Date ____________________________

Signature of Director of Graduate Studies (Required) ____________________________ Date ____________________________

Return completed form to the Graduate School, 411 Kirkland Hall, no later than the tenth day of classes (the end of the change-of-course period).