

**GRADUATE SCHOOL**  
Vanderbilt University

REQUEST FOR INDEPENDENT STUDY / DIRECTED STUDIES / READINGS & RESEARCH

Student's Name \_\_\_\_\_  
(Last, First & Middle)

Student VU ID # \_\_\_\_\_

Fall	
Spring	
Summer	

20	
----	--

Name of Instructor (*please print*) \_\_\_\_\_

<b>Course Title: (i.e. project name for your Independent Research) (45 char. max)</b>		<b>Credit Hours</b>
<b>Subject Area [i.e. ENGL]</b>	<b>Catalog # [Will not be 7999, 8999, 9999]</b>	

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, 117 Alumni Hall, *no later than the tenth day of classes (the end of the change-of-course period).*