



**REQUEST FOR INDEPENDENT STUDY**  
(Approval required before registration)  
PLEASE PRINT

**COLLEGE OF  
BUSINESS ADMINISTRATION**

\_\_\_\_\_  
Last name    First name    UIN

\_\_\_\_\_  
Course    Cr. Hrs.    Term/year    College    Major

\_\_\_\_\_  
Supervising instructor's name    Student Email address

\_\_\_\_\_  
Topic

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**FOR DEPARTMENT USE ONLY:**

APPROVED: \_\_\_\_\_  
Supervising instructor's signature    Date

APPROVED: \_\_\_\_\_  
Department head's signature    Date

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