

Semester: Fall Spring Summer

Year: 20_____

Independent Study Form

Norwich University

Student ID A#: _____ Name: _____ NU Box: _____

Home Address: _____ E-mail: _____

Class Year: 20_____ Major: _____ Advisor: _____

Independent Study Course to be created:

Subject: _____ Course Number: _____ Number of Credits: _____

Course Title: _____

Instructor to be Assigned: _____

Signature of Advisor: _____

Signature of Independent Study Instructor: _____

Signature of Department Chair: _____

Processed by: Initials

I have examined a copy of my degree audit and understand where this Independent study course will meet a requirement within my program.

I have included the required substitution form, if necessary, for this course to meet an exact degree requirement.

I understand I must meet all requirements of the independent study course as agreed to with the Instructor of the independent study course.

Student Signature

Date

Revised 1/10