

Independent Study Proposal Request

Student Name: _____ ID#: _____

Phone Number: _____ Email address: _____

Mailing Address: _____

COURSE INFORMATION:

Name of Course:		Department:	
Faculty Name:		Course Number:	

Semester in which the Independent Study will occur: [] Fall [] Spring [] Summer Year: _____

TITLE AND DESCRIPTION OF INDEPENDENT STUDY (IF NOT AN EXISTING COURSE):

REASON FOR INDEPENDENT STUDY:

Signatures: (Electronic signatures may be used)

Student: _____ Date: _____

Supervising Faculty: _____ Date: _____

Department Chairperson: _____ Date: _____

Dean: _____ Date: _____

After completing the form and obtaining the supervising faculty's signature, this form should be forwarded to the COE Faculty Liaison/Human Resources. The liaison will finalize the form by obtaining the final two signatures. You will be notified of the decision on the request within two weeks.

COE Faculty Liaison/Human Resources
719.255.3720, jschaula@uccs.edu
Columbine Hall, Room 3023