# Independent Study Application Form

**Student Name:** __________________________________________  **UTD ID:** __________________________

**Current Degree:** _____________________    **Number of pass/fail cr. hours completed so far** ________________

**Graduation Term** ____________________             **Degree Plan attached**

**Name of faculty sponsor** _______________________________

- **Is the faculty sponsor full-time?**  
  - Yes  
  - No  
  *(If not full-time, independent study will not be approved.)*

**Topic/Title of Independent Study:** _____________________________

**How many credit hours will be assigned to this course?** __________

**When will the course take place?  Semester:** ________________  **Year:** _________

- Full-Term  
- First Half  
- Second Half

**Independent study applies as** ____________________________ in degree plan.

**The independent study will be set up under (check one):**

- **Credit / No Credit:**  
  - ACCT 4v00

- **Graded:**  
  - BA 4v00  
  - FIN 4v90  
  - IMS 4v81  
  - ITSS 4v81  
  - MKT 4v83  
  - OBHR 4v84  
  - OPRE 4v81  
  - REAL 4v90

**On the back of this form, briefly describe the goal of the proposed project (nature of research, example of readings, etc.) and the final product of the independent study (paper, project, etc.).**

**Signature of student** ______________________________________________________       **Date:** _______________

Student:  By signing, I agree to register in this independent study. I understand it is my responsibility to withdraw from courses for which I am registered and do not attend, and it is my responsibility to read and understand the deadlines for refunds and for dropping classes according to the Academic Calendar. I further understand and agree that payment for tuition and fees is due by the published date in the Academic Calendar to avoid cancellation of my classes. I also understand that any refund will be based on the refund schedule set forth in section 54.006 of the Texas Education Code published in the UTD Catalog. Please Note: All withdrawals are subject to the rules and deadlines in the Academic Calendar.

**Approval of Faculty Sponsor** ________________________________________________      **Date:** ______________

**Approval of Program Director** _______________________________________________    **Date:** ______________

**Approval of Associate Dean** _________________________________________________     **Date:** ______________

**Course Prefix/Number/Section** ____________________________  **Call #** ____________  **Advisor Initials:** ________
Briefly describe the goal of the proposed project (nature of research, example of readings, etc.)

What is the final product of the independent study (paper, project, etc.)?