



Caldwell College  
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## INDEPENDENT STUDY/TUTORIAL REQUEST APPROVAL

**Check One:**      \_\_\_ INDEPENDENT STUDY                      \_\_\_ TUTORIAL

\_\_\_ Traditional Undergraduate              \_\_\_ Adult Undergraduate              \_\_\_ Graduate

Please Print

The Independent Study / Tutorial must be listed on the official student registration form

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ Anticipated date of graduation \_\_\_\_\_ Major \_\_\_\_\_

Independent Study/Tutorial Instructor Advisor \_\_\_\_\_

Semester & Year \_\_\_\_\_ Course# \_\_\_\_\_ Course Title \_\_\_\_\_

If the Independent Study course replaces a required course in the core or major, please indicate course to be waived:

( ) Major Requirement – Course # and Title: \_\_\_\_\_

( ) Core Requirement - Course # and Title: \_\_\_\_\_

To Be Completed By Student

1. Reason for taking the Independent Study/Tutorial:

2. Objectives:

To Be Completed By Independent Study/Tutorial Instructor:

1. Number of meetings planned with student:

2. Method(s) of Evaluation

I Agree To Complete This Independent Study/Tutorial Within The Semester Indicated Above.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Independent Study/ Tutorial Instructor Advisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Signature of Advisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Asst/Assoc/Dean \_\_\_\_\_ Date \_\_\_\_\_

PLEASE RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE, LOCATED ON THE 1<sup>ST</sup> FLOOR IN AQUINAS HALL.

COPIES TO:              ASSISTANT/ASSOCIATE ACADEMIC DEAN  
                                  DEPARTMENT CHAIR  
                                  INSTRUCTOR  
                                  STUDENT