## HENDRIX COLLEGE PROPOSAL FOR INDEPENDENT STUDY

**Directions to Student**: In order to register for an independent study course, please provide the information requested below, obtain the required signatures, and return the completed form to the Office of the Registrar.

Student Name: _						
Classification:	☐ Freshman	☐ Sophomore	☐ Junior	☐ Senior	☐ Special	
Major:	Major: Faculty Advisor:					
Brief Description	of Independent S	tudy (including ho	w student wi	ll be evaluated):		
Department of In	dependent Study	(4-letter code):		Course Number	::99	
(30 characters, inc Semester of Indep	cluding spaces, ar pendent Study:	e available on the t	ranscript. Th	e title must begi ar:	n with "IndSt: "	
Signature of Stude	nt			Date		
Signature of Faculty Member Directing Independent Study			,	Date		
ignature of Chair of Department of Independent Study				Date		
Signature of Facult	y Advisor			Date		
For use by Office o	f the Registrar					
Signature of Regist	rar of the College			Date		
Distribution:	aculty Advisor	☐ Denartment Cha	ir(s) 🗍 Fa	culty Director of	Ind Study	