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: _____ Faculty Advisor: _____

Brief Description of Independent Study (including how student will be evaluated): _____

_____

_____

_____

_____

_____

Department of Independent Study (4-letter code): _____ Course Number: ___99

Title for transcript: "IndSt: _"
(30 characters, including spaces, are available on the transcript. The title must begin with "IndSt: ")

Semester of Independent Study: _____ Academic Year: _____-_____

Faculty Member Directing Independent Study: _____

_____
Signature of Student Date

_____
Signature of Faculty Member Directing Independent Study Date

_____
Signature of Chair of Department of Independent Study Date

_____
Signature of Faculty Advisor Date

For use by Office of the Registrar

_____
Signature of Registrar of the College Date

Distribution:

❑ Student ❑ Faculty Advisor ❑ Department Chair(s) ❑ Faculty Director of Ind. Study