

**VIRGINIA TECH
GRADUATE SCHOOL
REQUEST FOR INDEPENDENT STUDY (5974)**

Please submit two weeks prior to the semester.

STUDENT INFORMATION	COURSE INFORMATION
1) Name: _____	1) Department: _____
2) Student's ID #: _____	2) CRN #: _____
3) Local Address: _____ _____	3) Term/Year: _____
E-mail: _____	4) Instructor: _____
4) Major: _____	5) Instructor's ID #: _____
5) College: _____	6) Date Request Submitted: _____
	7) Credit Hours: _____, P/F ONLY

8) Title of Proposed Study (limit to 30 characters):
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ATTACH ADDITIONAL INFORMATION AS NEEDED

Give brief description of the study, objectives, materials, and methods, justification and method of evaluation.
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APPROVALS:

Student _____

Advisor _____

Instructor _____

Department Head _____

Academic Dean _____