Request to Register:

**IDT 591 – Independent Study** (1-4 sh, repeatable to 6 with change in topic)
Prerequisite: 9 hours in IDT coursework

Star #: ________________

To register for IDT 591, you must complete this form and secure the approval of the supervising faculty before obtaining the IDT Program Coordinator’s permission to enroll. Requests lacking detailed and specific plans and end products will be denied.

**Student Name:** ________________________________________________

**Student ID No#:** ________________

**Number of semester hours completed in IDT:** ___

# Hours requested: ___

**Semester:** Fall 20___ Spring 20___ Summer 20___

**Faculty member to supervise the study:** ________________________________

**Describe topics to be independently studied:**
Describe major tasks, timetable, and end product(s) to be completed:

Student signature: ___________________________ Date: ______________
Faculty member signature: ___________________________ Date: ______________
Program Coordinator signature: ___________________________ Date: ______________