

IDT 591 Independent Study Enrollment Form

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:** _____