

**SCHOOL OF HEALTH SCIENCES**

**INDEPENDENT STUDY AUTHORIZATION FORM**

**REQUEST FOR AUTHORIZATION TO ENROLL IN AN HSCI INDEPENDENT STUDY COURSE  
("SPECIAL TOPICS" COURSES)**

**PLEASE TYPE OR PRINT ALL INFORMATION**

**1. Student Name** \_\_\_\_\_ **Student I.D.#** \_\_\_\_\_ **Date** \_\_\_\_\_

**2. Classification: Circle one**                      **1   2   3   4   5   6   7   8**

**3. I hereby request permission to enroll in HSCI \_\_\_\_\_ for \_\_\_\_\_ credits during the \_\_\_\_\_ semester,  
20\_\_\_\_-20\_\_\_\_. I plan to pursue an independent study/ project of the problem:**

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\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**4. I have discussed this with the student and have explained how it will or will not apply toward the student's degree program.**

\_\_\_\_\_  
Academic Advisor's Signature

\_\_\_\_\_  
Date

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**5. I am willing to guide the independent study outlined in the attached prospectus.**

\_\_\_\_\_  
Instructor in Charge of Instruction

\_\_\_\_\_  
Date

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**6. Enrollment approved:**

\_\_\_\_\_  
Health Sciences School Head

\_\_\_\_\_  
Date