



INDEPENDENT STUDY FORM

Please complete all portions of this form.

Course Information:

Course Abbreviation: _____ Course Number: _____

Course Title: _____

Semester: _____ # Credits: _____ Start Date: _____ End Date: _____

Student Information:

Name: _____ PSU ID #: _____

Penn State Email: _____ Phone Number: _____

Required Information:

Justification/reason for offering independently:

*Syllabus is required for X96 courses. Syllabus attached?

Signature Required:

Student: _____ Date: _____

Advisor: _____ Date: _____

Faculty/Instructor: _____ Date: _____

Chief Academic Officer: _____ Date: _____