

Semester:  Fall  Spring  Summer

Year: 20\_\_\_\_\_

# Norwich University

## Independent Study Form

Student ID A#: \_\_\_\_\_ Name: \_\_\_\_\_ NU Box: \_\_\_\_\_

Class Year: 20\_\_\_\_\_ Major: \_\_\_\_\_ Advisor: \_\_\_\_\_

**Independent Study will be applied towards a requirement for:**

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Concentration: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Instructor Assigned: \_\_\_\_\_

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Signature of Advisor: \_\_\_\_\_

Signature of Independent Study Instructor: \_\_\_\_\_

**Processed by: Initials**

I have examined a degree evaluation and understand where the Independent Study will meet a requirement within my program.

I understand I must meet all requirements of the Independent study as agreed to with the instructor of the independent study.

\_\_\_\_\_

*Student Signature*

*Date*

*Revised 12/08*