EAST TENNESSEE STATE UNIVERSITY COLLEGE OF BUSINESS & TECHNOLOGY

APPLICATION FORM FOR INDEPENDENT STUDY IN BUSINESS

Student's Name:			
E #:	Student's Ma	jor:	
Local Mailing Address:			
Street or I	PO Box	City, State, Zip	Phone
Name of Faculty Member Who Will			Student's Grade
Supervise Independent Study:			_ Point Average:
Department in Which Independent		Hours of Independent	
Study Course is Requested:		Study Alrea	ady Completed:
Will this be for undergraduate or gr	aduate credit?		
Hours of credit sought:	_, for semester/	/term and year:	
Proposed course number:			
-		– Course – Sect.	
A. Specific <u>TITLE</u> of Indepen	dent Study Pro	oject.	

B. Provide a detailed statement of the <u>OBJECTIVES</u> of this Independent Study course: (A separate statement may be attached, including a list of readings).

C. What are the <u>REASONS FOR ENROLLMENT</u> in the Independent Study course?

D. What are the teaching/learning/research <u>METHODOLOGIES</u> to be utilized in the Independent Study course? (e.g. field studies, surveys, meetings, etc.)?

E. What specific <u>OUTPUTS</u> or results are expected from the Independent Study?

F. What methods and criteria will be used for the EVALUATION of the student's work?

G. Signatures of <u>APPROVAL</u>:

Student Agreement:	I agree to complete the above Independent Study Project.			
	Student Signature	Date		
Faculty Agreement:	I agree to provide the required supervision.			
	Faculty Signature	Date		
Student's Department Approval:	The above Independent Study course will count in the Student's curriculum as:			
	Advisor and/or Chairman Signature Director of Graduate Business for MBA and MAcc students	Date		
Faculty Member's Departmental Approval	I approve of this Independent Study course and the Supervising faculty member's involvement. A request has been made for an online submission of a Course			
	Schedule Change form for: Dept. – Course – Sect. Title of Independent Study Proje	Dept. – Course – Sect.		
	Title of Independent Study Project			
Dean's Approval:	Chairman's Signature	Date		
Dean 5 Approval.	Dean's Signature	Date		

Copies of this form are to be retained by the:

- Student
- Supervisory Faculty Member
- Chairmen of the Department Offering the Course
- College of Business & Technology Office of Undergraduate Studies, or Director of Graduate Business Studies
- Dean, College of Business & Technology