SAMUEL MERRITT UNIVERSITY
Office of the Registrar

INDEPENDENT STUDY PETITION

This petition is to be filed with the Office of the Registrar for the term in which the course is being taken. See Student Handbook for deadline dates for filing petition.

*Please print clearly in ink. * NOTE: Course objectives must be attached to this petition.*

_____

Student Name ID Number Today's Date

_____

Class Level (Junior, Senior, Graduate) Academic Department

Term/Year:
____ Fall
____ Spring
____ Summer

Course No:
___197 Independent Study
___697 Graduate Individual Independent Study
___698 Graduate Group Independent Study
___771 Individual Independent Study

Number of Units: _____

Course is a regular catalog course independently arranged.
Department and course number: _____

TITLE OF COURSE: _____

I. Content:

II. Method:

III. Reading List:

IV. Method of Examination:

Student signature: _____

Approved by (supervising instructor): _____

Request is: approved / denied _____
Undergraduate/ Graduate Chair or Program Director

_____

DO NOT WRITE BELOW THIS LINE

Request reviewed by: _____
Registrar Date