

Date _____

Effective Term _____

Hollins University Independent Study Application

This form can be used for all terms and must be completed and turned in by the last day to add in order to register the independent study. Please note first year students cannot complete an independent study during short term.

Level is required (circle one): 290 (lower-level) or 390 (advanced-level)

Last Name _____ First _____ MI _____

Student ID _____ Class Year _____ Major(s) _____

Director of Independent Study _____ Subject _____

This course must be listed under the department(s) of your Director. For example, if the director of your study works in the Biology department, then your study would be listed as BIOL.

Title _____
(Limited to 23 characters, including spaces. This is how it will appear on your transcript).

Credit Hours: _____ Grade Mode (circle one): Letter - Pass/Fail - J-term

Description of Academic Work Required:

Signature of Student

Signature of Department Chair
(approval of dept chair is required if work will count toward a major or minor requirement)

Signature of Director of Study

Signature of Advisor

Major/minor req. it meets: _____

Printed Name of Advisor

For Registrar's Office Use: Subject _____ Number _____ Section _____ CRN _____

