

Date

Short Term

## Hollins University Independent Study Application

This form can be used for Short Term and must be completed and turned in by the last day to add in order to register the independent study.

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

Last Name  First Name  MI

Student ID  Class Year  Major(s)

\*Residing  on campus  off campus

\*Using campus facilities in person for independent study work this term?  yes  no

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 (check one):  Letter  Pass/Fail

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**

\*Information required for reporting purposes.

For Registrar's Office Use: Subject  Number  Section  CRN