INDEPENDENT STUDY/READING COURSE
Math/Stat – 499, 699, 799, 898, 899, 7700, 8800

Student Name (First, MI, Last): ____________________________ Campus ID Number: ____________________________

Address: ____________________________________________________________

Home Phone: ____________________________ Work Phone: ____________________________ Cell Phone: ____________________________

Semester: ____________________________ Year: ____________________________ Discipline (Math/Stat): ____________________________

Course # ____________________________ Section # ____________________________ Class # ____________________________ # of Credits: ____________________________

Course Title: ____________________________

Syllabus of the course (to be worked out with Instructor): ____________________________________________________________

Textbook to be used: ____________________________

Major references: ____________________________________________________________

Rationale for taking this course: ____________________________________________________________

Funding Source (To be completed by instructor) Department / Grant / Other (specify): ____________________________ Date: ____________________________

Student Signature: ____________________________ Date: ____________________________

Instructor’s Name: ____________________________ Date: ____________________________

Instructor’s Signature: ____________________________ Date: ____________________________

Graduate Program Director: ____________________________ Date: ____________________________

Chairman/Department Head: ____________________________ Date: ____________________________

Authorization to register granted by: ____________________________ Date: ____________________________

Cc: Instructor
    Student
    Student File (original)