

Office of the Registrar
 PO Box 179, Lincoln University, PA 19352
 (610) 932-1087 (610) 932-1216 Fax
 Lincoln Hall, 2nd Floor



**INDEPENDENT
STUDY PETITION**

8/01

LAST NAME	First Name	Initial	Student ID# (Social Security #)
_____	_____	_____	____-____-____

Course Title: Independent Study	Course ID _____ -495	Term: _____	Student GPA: _____
	(e.g., ENG-495)	(e.g., Spring 2001)	Credits: _____ (1 to 4)

Detailed description of the topic to be studied.

Description of the meetings and communications that are planned between the student and the supervisor of the independent study.

ASSIGNMENTS	Due Date	Weight in Grade

SIGNATURES AND APPROVALS	Date
I accept the topic to be studied and the assignments and their deadlines. Student	
I have discussed the topic to be studied and the assignments and their deadlines with the student. Instructor	
I have discussed with the student how this proposed independent study affects his/her program at LU. Academic Advisor:	
The proposed topic and assignments are appropriate and the credits awarded correspond to the work. Department Chair of Dept. offering the course	
The proposed topic and assignments are appropriate and the credits awarded correspond to the work. Dean of School offering the course:	

Office of the Registrar	Schedule
Course entered on Student Schedule by _____ Date: _____ <input type="checkbox"/> Issued <input type="checkbox"/> Mailed	