

Office of the Registrar
 PO Box 179, Lincoln University, PA 19352
 (484) 365-8087 (484) 365-8116 Fax
 Lincoln Hall, 2nd Floor



INDEPENDENT STUDY PETITION

Revised Edition 03/31/11

Last Name	First Name	Initial	Student Id#
_____	_____	_____	_____

Course Title: Independent Study Course ID _____ - 495	Term: _____	Student GPA: _____
(e.g., ENG-495)	(e.g., Spring 2010)	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

I accept the topic to be studied and the assignments and their deadlines. Student: _____	Date
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: _____	
The proposed topic and assignments are appropriate and the credits awarded correspond to the work. Dean: _____	

Office of the Registrar	
Course entered on Student Schedule by _____	Date: _____