



# INDEPENDENT STUDY PETITION

Revised 9/12/18 JD

**Office of the Registrar**  
 1570 Baltimore Pike  
 Lincoln University, PA 19352  
 484-365-8087:Phone 484-365-8116:Fax

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Student ID#</b>
_____	_____	_____	_____

Course Title: <b>Independent Study</b> Course ID _____ - 495	Term: _____	<b>Student GPA:</b> _____
(e.g., ENG-495)	(e.g., Spring 2018)	Credits: _____ (1 to 4)

**Detailed description of the topic to be studied.**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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\_\_\_\_\_

ASSIGNMENTS	DUE DATE	WEIGHT IN GRADE

I accept the topic to be studied and the assignments and their deadlines. <b>Student:</b> _____	Date
I have discussed the topic to be studied and the assignments and their deadlines with the student. <b>Instructor:</b> _____	
I have discussed with the student how this proposed independent study affects his/her program at LU. <b>Academic Advisor:</b> _____	
The proposed topic and assignments are appropriate and the credits awarded correspond to the work. <b>Department Chair:</b> _____	
The proposed topic and assignments are appropriate and the credits awarded correspond to the work. <b>Dean:</b> _____	

<b>Office of the Registrar</b>	
Course entered on Student Schedule by _____	Date: _____