

ENGLISH DEPARTMENT
5974: GRADUATE INDEPENDENT STUDY REQUEST FORM

Virginia Polytechnic Institute and State University

PLEASE SUBMIT TWO WEEKS PRIOR TO THE SEMESTER

STUDENT INFORMATION	COURSE INFORMATION
1. Name: _____ 2. Student ID #: _____ 3. Local Address: _____ _____ _____ 4. Major: _____ 5. College: _____	1. Course Title: _____ 2. CRN #: _____ 3. Term/Year: _____ 4. Instructor: _____ 5. Instructor's ID #: _____ 6. Date Request Submitted: _____ 7. Credit Hours: _____ P/F Only

Title of Proposed Study (Limit of 30 Characters including spaces):
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ATTACH ADDITIONAL INFORMATION AS NEEDED

Please attach on a separate page a brief description of the study, objectives, materials and methods, justification, and method of evaluation.
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APPROVALS:

Student: _____
Advisor: _____
Instructor: _____
Director of Graduate Studies: _____