

GEORGIA HIGHLANDS COLLEGE
Independent Study Form

Student Name:

Student ID #:

Subject area:

Term:

Credit Hours:

Instructor:

School or Division:

Course # and Title:

PART A: To be completed by faculty member; use additional sheets, if necessary.

Rationale for Request:

Learning Objectives:

Resources to be used:

Completion Date:

PART B: Signatures required.

Student:

Date:

Supervising faculty member:

Date:

Academic Chair:

Date:

Provost:

Date:

If denied, reason for denial: