

College of Arts & Sciences Independent Study Registration

Last Name _____ First Name _____

Drake ID # _____ Cum GPA _____ Email _____@drake.edu

Local Address _____ Phone ____ (____) _____

Major _____ Year (Circle) FR SO JR SR

Department _____ Course Number _____

Term/Year Fall _____ Spring _____ Summer _____ Credit Hours _____

Independent Study Title: _____
 (for your transcript; less than 20 characters)

Student's Signature: _____

Professor's Signature: _____

Advisor's Signature: _____

Department Chair's Signature: _____

Attach: A thorough description of the proposed independent study. Describe the focus of the course, the nature and amount of work you have agreed to do, a preliminary biography (if appropriate) and the results (i.e., paper(s) or presentation) of your study. If the independent study is a research project, describe the problem you will investigate, your research plan and procedures and how the results will be reported. The description must be typed.

*Should you be traveling off campus for this experience, you must submit the [Motor Vehicle and Personal Release Form](https://www.drake.edu/artsci/studentresources/forms/) before you can be registered. This form is found at <https://www.drake.edu/artsci/studentresources/forms/>. Please list **A&S DEANS OFFICE** as the contact on the form.

Once all signatures are obtained by the student, return to the Arts and Sciences Dean's Office, Rm 268A in the Harmon Fine Arts Center (FAC).

For Office Use:

Department	Course Number	Credit Hours	CRN