SOUTHWESTERN COLLEGE 1885

Name_____ **SPECIAL STUDY REQUEST**

Term (circle) Fall Spring Summer session 1 or 2 (Undergrad) **Year**_____

This request is for:

		DEPT	LEVEL	TITLE OF STUDY (limit of 40 characters)	HOURS
☐	**Audit**				
☐	**Unscheduled Course**				
☐	**Independent Study**		_____**51**		

Description of work to be done (or attach a syllabus):
***Independent Study descriptions must include a brief summary of supporting prior academic work**

Location (if off campus):

Grade will be based on:

Approval Signatures: **Received at Registrar's Office**

Student _____

Instructor _____/_____
(Signature) (Print Name)

Off-Campus Supervisor (if any) _____/_____
(Signature) (Print Name)

Division Chair (not needed for audit request) _____