



ADLER UNIVERSITY

520 Seymour Street • Vancouver, BC V6B 3J5

Phone: (236) 521-2500 • Fax: (236) 521-2400

INDEPENDENT STUDY REQUEST FORM

TO BE COMPLETED BY STUDENT:

Student's Name: _____ Date: _____

Semester for Independent Study: _____

Reason for Requesting the Independent Study: _____

TO BE COMPLETED BY INSTRUCTOR:

Designated Instructor: _____

Due Date: _____

Course Number: _____ Number of Credits to be Award: _____

Title of Independent Study: _____

Brief Description of Independent Study: _____

Approved Not Approved

Program Director's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

INSTRUCTIONS:

Please complete entire form; incomplete forms will not be processed.

To Student:

1. Obtain approval from your Program Director/Chair prior to obtaining the instructor's signature.
2. Consult with your instructor and obtain requirements and evaluation methods.
3. Return this form to the Registrar's Office after signatures have been obtained.
4. Maintain a copy for your records.
5. Submit completed work to instructor by established due date.

To Faculty:

1. Attach course requirements and evaluation methods to this form.
2. Establish due date. Typically this should be no longer than one term.