

**Central Michigan University
Department of Mathematics
Application for Graduate Courses by Independent Study**

Instructions to Students

1. You are required to complete this form only if you plan to satisfy a course requirement in your degree program by independent study. This form is NOT required for independent study courses MTH 497, 697, 797 and STA 597.
2. You are required to obtain the signatures of the faculty supervisor for the independent study class, of your academic advisor, and of your graduate coordinator. You must submit this form to the department office no later than the drop/add period of the semester during which the independent study will take place.

Name _____ **Student ID Number** _____

Course Number _____ **Semester/Year** _____

Faculty Supervisor for Independent Study _____

Academic Advisor _____

Give a Brief rationale for taking this course by independent study. You must address the following:

- (i) When was the course offered the previous time? If you did not take the course at that time, explain why.
- (ii) Explain why you are unable to take the class at the next scheduled offering.

Student Signature _____ **Date** _____

By signing below the faculty member agrees to give the course by independent study

Faculty Supervisor _____ **Date** _____

By signing below the academic advisor agrees with the student's rationale for taking this course by independent study

Academic Advisor _____ **Date** _____

By signing below the Graduate Coordinator approves the student's request. The Graduate Coordinator may seek the advice of the Graduate Committee before making a decision on the student's request.

Graduate Coordinator _____ **Date** _____