



INDEPENDENT STUDY TITLE REQUEST

PERSONAL INFORMATION

**Indicates Required Field*

LLU ID# or Social Security Number:* _____

Name: Last* _____ First* _____ Middle _____

LLU School:* _____ Program of Study:* _____

INDEPENDANT STUDY TITLE REQUEST

Policies:

- 1. Courses appearing in a school's bulletin shall always be taken under their own course number regardless of class size.
- 2. Chosen title of proposed study will be recorded on student's permanent record (transcript).

Instructions:

- 1. Complete all information requested on this form.
- 2. This form must be accompanied by a registration form or a Registration Change Request form.
- 3. Return the completed form to the Office of University Records.

Quarter:* _____ Year:* _____

Prefix	Number	Section	Course Title	Unit(s) of Credit

Chosen Title of Proposed Study

Description of Proposed Study: _____

Anticipated Completion Date: ____ / ____ / ____

REQUIRED SIGNATURES

Student: _____ Date: ____ / ____ / ____

Instructor: _____ Date: ____ / ____ / ____

Dean of School: _____ Date: ____ / ____ / ____

Name of School that offers course: _____