

**UW-FOX VALLEY  
REQUEST FOR INDEPENDENT STUDY**

STUDENT: \_\_\_\_\_ SS# \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ COURSE \_\_\_\_\_ CREDITS \_\_\_\_\_

COURSE TITLE \_\_\_\_\_ SEMESTER/YEAR \_\_\_\_\_

DESCRIPTION OF THE COURSE OF STUDY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

METHODS AND MATERIAL USED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURES:**

Student \_\_\_\_\_ Telephone # \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Telephone # \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

This form must be returned to the **STUDENT SERVICES OFFICE** prior to registering for an independent study course. Final registration is subject to departmental approval. If departmental approval is not granted, the student will be withdrawn from this course.

**NOTE TO DEPARTMENT CHAIR**

Please return the form to the following address:

UW FOX VALLEY  
Student Services Office  
1478 Midway Rd.  
Menasha, WI 54952