

**Department of MSCS - Graduate Studies
Request for Independent Study**

Complete this form and obtain all required signatures before submitting to the Graduate Studies office. You will receive email confirmation once departmental permission has been granted, allowing you to *enroll yourself* in the course. You must enroll before the last day of the Drop/Add period for the semester.

Semester _____ Year _____

Last Name _____ First Name _____

Email _____ UIN# _____

Circle the appropriate course:

Math 496 MCS 496 Stat 496 Mtht 496

Math 596 MCS 596 Stat 596 Mtht 596

CRN _____ Credit Hours _____ Professor _____

Topic

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Textbook _____

Syllabus

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Student's signature _____ **Date** _____

Professor's signature _____ **Date** _____

Advisor's signature _____ **Date** _____

DGS' signature _____ **Date** _____