



# Independent Study Tracking Form

<b>Date:</b>	
<b>Student Name:</b>	
<b>ID Number:</b>	
<b>Semester / Year:</b>	
<b>Number of credit hours:</b>	
<b>Faculty member overseeing independent study:</b>	

**Describe the focus of independent study:**

**\*Objectives to be developed by faculty member and student.**

**The course has been approved for an independent study.**

\_\_\_\_\_  
**Student (Print / Sign)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student's Faculty Advisor (Print / Sign)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Faculty overseeing the Independent Study (Print / Sign)**

\_\_\_\_\_  
**Date**