

Saint Louis University
Office of the University Registrar
Independent Study/Research Request Form

Form
#36

Student Information

Student Name: _____

Student ID: _____

Student Program: _____

Student Email: _____

Faculty Sponsor Information

Sponsor Name: _____

Sponsor Email: _____

Independent Study/Research Details

Term/Session for Independent Study: _____

Title of Independent Study/Research Project: _____

Subject Code and Course Number: _____ **Number of Credits:** _____

Brief Description of the Independent Study/Research Project: Provide a brief description

Assignments: List any assignments, exams, or projects including how the student's performance will be assessed, and any resources needed such as books, software, or laboratory equipment.

Acknowledgment and Agreement

By signing below, I acknowledge that I have discussed this independent study/research project with my faculty sponsor, and I agree to adhere to the guidelines and deadlines outlined above and any other instructions provided by my faculty sponsor.

Student Signature: _____

Date: _____

Faculty Sponsor Approval:

I approve of the independent study/research project outlined above and agree to serve as the student's sponsor for this project.

Faculty Sponsor: _____

Date: _____

Department Chair Signature: _____

Date: _____