AUBURN UNIVERSITY
APPROVAL FOR INDEPENDENT STUDY/DIRECTED READINGS

Part I – To Be Completed By Student

Name: ______________________________________  Student ID#:____________________
College: _____________________________________  Major: ________________________
Course Number: ______________  Course Title: _________________________________________
Number of Credit Hours Requested: _________  Semester: _________________________, 20_________
Professor: _______________________________  Department: __________________________
Grade Option:

☐ Letter Grade
☐ Satisfactory/Unsatisfactory

Part II – To Be Completed By Instructor

(Please attach a course syllabus that addresses the following four points.)

I. Objective of the course

II. Nature of the teaching-learning process and the proposed schedule of meeting

III. Proposed work products

IV. Criteria to assess the work product

_______________________________________  ______________________________________
Student Signature  Date  Associate Dean for Research  Date
And Graduate Programs Signature

_______________________________________  ______________________________________
Instructor Signature  Date  Dean Signature  Date

_______________________________________  ______________________________________
Department Head Signature  Date  Provost Signature  Date