

Independent Study
School of Information Technology
Illinois State University
IT 400: Independent Study
Justification

Student name: _____ Student UID#: _____

Course: IT 400: Independent Study Hours: _____ Semester: _____

1. There are two reasons for a student to complete an Independent Study. Check the reason that applies to you:

a. _____ You have a special interest in a topic related to but not covered by the current school curriculum. Give a brief description of the topic below.

b. _____ You are unable to complete a required course within the school. In the space below list the course you are unable to complete and explain why you cannot complete the course as normally scheduled.

2. Attach a *thorough* description of your Independent Study, including course deliverables, to this form in order for your request to be considered.

Student Signature: _____ Date: _____

Faculty Sponsor: _____ Date: _____

Approved _____ Not Approved _____ School Director _____

Once the independent study request has been approved or denied, please return this signed form to the IT Graduate Advisor for further processing.