EAST ARKANSAS COMMUNITY COLLEGE

INDEPENDENT STUDY APPROVAL FORM

Student Name:			ID Number:		
Course N	Number:	Course N	Name:		
Program of Study:			Semester:		
	ate Vice Presid		endent study course must be approved astances must exist for the independe		
2. T	The course is re The instructor	nnot schedule the course. required in the student's provoluntarily accepts respons to Dean recommends the inc	bibility for the course.		
course. I	Faculty should		t the student meets normal learning o ies (tests, assignments, projects, etc.) r.		
Direction	ns for Comple	eting the Independent Stu	dy Approval Process:		
2	form. 2. Faculty mu 3. Faculty mu	ust attach a copy of degree a	per and get faculty acceptance and signard audit to approval form. 's schedule for the semester seeking the appropriate Dean for recommend	independent study.	
	Accept	Not Accept	Faculty	Date	
	Recommend	Not Recommend	Appropriate Dean	Date	
	Approved	Not Approved _	Appropriate Vice President	Date	

(Please allow a minimum of 48 hours for processing.)