



Bevill State Community College

Independent Study Request

Term _____

Student Name & Student Number _____

Date of Request _____

Title of Course Requested _____

Course Number and Section/Call Number _____

Request Made by _____

Justification for Course _____

Proposed Time Schedule (including labs, if applicable)

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Beginning Date _____ Ending Date _____

Campus _____ Building _____ Room _____

Campus Division Chair _____ Date

College-wide Instructional Dean – CT, AT or HS _____ Date

This form must be approved prior to offering any unscheduled course. Attach current syllabus.

Routing: Instructor/Advisor → electronically to Division Chair → electronically to appropriate College-wide Dean → Office of Instruction - Martha.Kimbrell@bscc.edu

Electronic cc: Instructor Advisor
Division Chair Date _____

Office of Instruction: Initials _____