

BEVILL STATE COMMUNITY COLLEGE
INDEPENDENT STUDY REQUEST

NAME: _____

DATE OF REQUEST: _____

TITLE OF COURSE REQUESTED: _____

COURSE NUMBER AND SECTION/CALL NUMBER: _____

JUSTIFICATION FOR COURSE: _____

PROPOSED TIME SCHEDULE (INCLUDING LABS, IF APPLICABLE):

MONDAY: _____

TUESDAY: _____

WEDNESDAY: _____

THURSDAY: _____

FRIDAY: _____

SATURDAY: _____

SUNDAY: _____

BEGINNING DATE: _____ ENDING DATE: _____

CAMPUS: _____ BUILDING: _____ ROOM: _____

PROPOSED INSTRUCTOR SIGNATURE: _____

CAMPUS ASSOCIATE DEAN DATE

COLLEGEWIDE ASSOCIATE DEAN DATE

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