PROPOSAL FOR LOWER DIVISION INDEPENDENT STUDY (2999)

Please note that completion of this form does not constitute enrollment in the course.

Independent Study is available in most academic departments of the Oklahoma Baptist University. This proposal should be completed at least one week PRIOR to the anticipated date of registration. Students will not be registered in a 2999 course until the approved proposal has been received by the Registrar and the course is entered on the student’s class schedule.

1) A student requesting approval for a 2999 course should have completed 24 or more semester hours of post-secondary credit with at least a “B” (3.0) average.
2) A student with Incomplete course work (indicated by grades of “I” on the transcript) will NOT be approved.
3) One (1) 2999 course may be taken in the field of study and only two (2) 2999 courses may be taken in the degree program.

Name:___________________________________________________________ ID#:__________________
LAST               FIRST            MIDDLE
Student Phone #:_____________________________ Classification:     So     Jr     Sr   (Circle One)
Major or Area of Concentration:_______________________________ Minor:____________________
Department in which course will be taken:__________________________________________________
Descriptive Title of the Project:____________________________________________________________
_____________________________________________________________________________________
Hours Credit:______________ Semester/Year Project to be Taken & Completed:__________________

GENERAL DESCRIPTION OF PROJECT

a. Goal, Purpose, Objective (attach additional pages if needed)
b. Methods or Techniques to be used (attach additional pages if needed)

c. Bibliography: Books, Periodicals, Journals, Etc. (attach additional pages if needed)
List Titles and Authors

d. What will be the nature of your final report? (Paper, Digital, Digital Media, Recital, Portfolio, Oral Report, Etc.)

Approvals Required:

__________________________ ________________ _______________     ____________
Instructor – Printed Name                          Signature            Date

__________________________ ________________ _______________     ____________
Academic Advisor – Printed Name                     Signature            Date

__________________________ ________________ _______________     ____________
Department Chair – Printed Name                    Signature            Date

__________________________ ________________ _______________     ____________
Dean of School/College – Printed Name               Signature            Date

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Date Received in Academic Center:________  Dated Student Enrolled in Independent Study:________