

UH 493: Independent Study Application Form

Please return to: The Chancellor's Honors Program, F101 Melrose Hall
Tel.: 974-7875 / Fax: 974-4784 / honors@utk.edu

Student

Name: _____

Major: _____

ID: _____

E-mail: _____

Phone: _____

Faculty

Name: _____

Dept: _____

Title: _____

E-mail: _____

Phone: 4-_____

Course Information

Proposed Title: _____

Semester/Year: _____

Intended Number of Credits: _____ (Note: A minimum of three credits is required if this Independent Study is also intended to satisfy CHP's course requirements.)

On the reverse or an attached sheet, please outline briefly the requirements and goals of this Independent Study. If available, please substitute a course syllabus.

- What will be required of the student?
- How will the student be evaluated?

Student's Signature_____
Date_____
Faculty/Instructor's Signature_____
Date_____
Department Head's Signature_____
Date**Recorded and Approved by:**_____
Chancellor's Honors Program_____
Date

(June 2007)