



Independent Study Request Form

Student Name: Jacob maddy ID#: 76662 Sem/Year: 202 or STerm: _____

Course information:

Department	Course #	Course Name	Start/End Date	Credit Hour
CS	480	Capstone		3

Offering information (*Consult with advisor and/or course instructor*):

- ☐ Yes ☒ No Is this course in the regular course offering for this semester?
☐ Yes ☒ No Is this course being offered next semester? (based on the regular course rotation)

Reasons for requesting independent study:

need to Graduate

Student Signature: _____ Date: 10/26/10

Instructor Signature: Maria Cannon Date: 10/26/10

Advisor Signature: Maria Cannon Date: 10/26/10

Dean of the Instructor Signature: _____ Date: _____

Administrative Use Only

Request received on: _____ Approved: ____ Yes ____ No

Provost/Assistant Provost Signature: _____ Date: _____

Please submit completed forms to:

- Traditional students (main campus and graduate programs): Office of Academic Affairs * Murray Center Room 206 * 812-1238 academicaffairs@oak.edu
- Non-Traditional students (Adult and Professional Studies and online programs): Non-Traditional Enterprise Office * Murray Center Room 207



Independent Study Request Form

Student Name: Jacob Moody ID#: 76662 Sem/Year: 2023 or STerm: _____

Course information:

Department	Course #	Course Name	Start/End Date	Credit Hours
<u>CS</u>	<u>270</u>	<u>computer Network & Architecture</u>		<u>3</u>

Offering information (*Consult with advisor and/or course instructor*):

- ☐ Yes ☒ No Is this course in the regular course offering for this semester?
☐ Yes ☒ No Is this course being offered next semester? (based on the regular course rotation)

Reasons for requesting independent study:

Need to Graduate

Student Signature: [Signature] Date: 10/26/22

Instructor Signature: Maria Conner Date: 10/26/22

Advisor Signature: Maria Conner Date: 10/26/22

Dean of the Instructor Signature: _____ Date: _____

Administrative Use Only

Request received on: _____ Approved: ____ Yes ____ No

Provost/Assistant Provost Signature: _____ Date: _____

Please submit completed forms to:

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