



PhD Student Information

Student Name _____ OSU ID _____

Student Signature _____ Date _____

Independent Study Registration Request

Number of 8193 Credits Requested (1-5) _____ Academic Term _____ Year _____

Faculty Instructor Name _____ Apply 8193 credit to: Specialization Elective

NOTE: The form is due the first Friday of the semester.

Plan of Study

Plan of independent study:

Outcome or final product for independent study:

Relationship of independent study to your program:

Faculty Instructor Approval by Signature

Faculty Instructor Signature _____ Date _____