

**Request for Approval of  
Independent Study Topic in Accountancy**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

Address \_\_\_\_\_ U of I Number \_\_\_\_\_  
\_\_\_\_\_ Degree Seeking \_\_\_\_\_

Course: ACCY \_\_\_\_\_ Semester \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Name of the topic to be studied \_\_\_\_\_

Describe scope and method of the study:

Indicate criteria to be used and process for evaluating student performance:<sup>1</sup>

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Signature of Faculty Directing the Study

\_\_\_\_\_  
Signature of Approval by Dept. Office

\_\_\_\_\_  
Print Name of Faculty Directing the Study

This form must be filed and approved with the Department office before enrolling in the course. **The Dept. office will email you once approval is granted and indicate that you are authorized to register for the course.** Work must be completed in the semester of enrollment.

<sup>1</sup> To be filled in by faculty member directing the study.