

**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:¹

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.

¹ To be filled in by faculty member directing the study.