

**Request for Approval of
Independent Study Topic in Accountancy for Ph.D. Students**

Name _____

Phone Number _____

Email _____

Address _____

University ID Number _____

Degree Seeking _____

Course: ACCY 593 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 Ph.D. Program Director

Print Name of Faculty Directing the Study

Approval by Dept. Office

This form must be filed with the Dept. office and approved by the Ph.D. Program Director and the Department Office before registration will be complete. **The Dept. office will email you once all approvals have been received and indicate that you have been 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.