

**INDEPENDENT STUDY APPROVAL FORM**

SEMESTER/TERM \_\_\_\_\_

\_\_\_\_\_INDEPENDENT STUDY I      \_\_\_\_\_INDEPENDENT STUDY II

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1. Your Name: \_\_\_\_\_

2. (a) Name of Professor who is supervising your Independent Study:  
\_\_\_\_\_

(b) Proposal for your research topic:

By submitting this form, I understand that I will be registered for the requested course and be responsible for any associated tuition and fees.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for Completing this Form**

1. Read information regarding the [Independent Study Requirements](#).
2. Complete all information as requested above.
3. Submit the signed completed form and return via one of the following methods:

**Email:** [law-records@ualr.edu](mailto:law-records@ualr.edu)

**In Person:** Admissions and Records Suite, Rm. 104