**GRADUATE Independent Study Form**
**CREATIVE &/or RESEARCH ACTIVITY PETITION**

**INSTRUCTIONS:**

Your independent study course instructor must approve and sign this form at least two weeks prior to registration. Upon approval you will be notified. The original is for the department and a student copy will be made available to you.

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**PRINT NAME:** _________________________________  **Signature:** _________________________________

**Person #**____________________  **Email:** _________________________________  **Date:** ____/____/___________

**Address:** _________________________________  **City:** _________________________________  **State:** ________  **Zip Code:** _________

[ ] MA  [ ] AuD  [ ] PhD  [ ] CDS  [ ] Other Department ____________________________________

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**PETITION TO ENROLL IN:**

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<thead>
<tr>
<th>Course</th>
<th>Reg. No.</th>
<th>Cr. Hrs.</th>
<th>Sem.</th>
<th>Year</th>
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<tbody>
<tr>
<td>CDS 600 Independent Study</td>
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<td>Instructor ___________________________</td>
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<td>CDS 699 Doctoral Theory &amp; Research</td>
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<td>CDS 700 Thesis Guidance</td>
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**Purpose(s) of the study:**

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**Method(s) in which study will be accomplished:**

[ ] Literature survey  [ ] Observation participation  [ ] Laboratory  [ ] Scientific inquiry

**Time schedule in which study will be accomplished:**

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**List minimum of 3 pertinent readings associated with independent study:**

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

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**Graduate Coordinator:** _________________________________  **Received Date:** _____________  **Student Notified Date:** _____________

Revised 6/2015