

ILLINOIS STATE UNIVERSITY

Office of Academic Records

Campus Box 2202

Moulton Hall 108

Normal, IL 61761

INDEPENDENT STUDY REPORT

From the School of Teaching and Learning (5330)

Print or

Type _____

Last Name

First

Middle

Maiden
(if applicable)

UID #: _____

Semester: _____

Year: _____

Course Title

Dept.

Course No.

Sem. Hrs.

In the future, you may wish to have this office verify for you the content of the independent study course in which you are enrolled. Since official transcripts only indicate the course title, it is necessary to have on file a brief description of your plan of study for your independent study course. Please state this brief description in the space provided below or as an attachment. With this report on file, a response can be made to a graduate school or to a future employer if they should request such information. Please complete this form, and have your instructor and degree program coordinator sign it. The Department will send the completed form to Records.

Approved by:

Date:

Instructor

Program Coordinator

Secretary Registration Override Date: _____