

**Political Science Independent Study Request Form**

POS 590, 592, 599, 790, 792, 799

If multiple courses are being requested, a separate form is required for each request

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASU ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MA \_\_\_\_\_ PHD\_\_\_\_\_

Semester and year of course to be taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course request number: POS \_\_\_\_\_\_

Number of credits for this course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor for course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed date of graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for request:

Description of work to be completed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Instructor Signature

Please submit this completed form to the Graduate Coordinator no later than the first day of the semester. An override will be processed for you and you will be notified to register for the course.