## CATAWBA COLLEGE INDEPENDENT STUDY

Semester	Year	
Student Name	Catawba ID #	
Student has passed 60 hours	Student has minimum 2.00 GPA	
Department (offering Independent Study)	Credit Hours	sh
Title of Independent Study (no more than 23 char	racters, including spaces):	
Objectives of the Independent Study (continue on	n reverse side, if necessary):	
Student Responsibilities/Assignments Regarding necessary):	the Independent Study (continue on reverse side, if	
Student Signature	Date	
Professor Signature(Supervisor of Independent Study)	Date	
Department Chair Signature(In which Independent Study is offered)	Date	
Advisor Signature	Date	

This form must be completed and presented to the Registrar's Office at the time of registration.