

**AUBURN UNIVERSITY**

**APPROVAL FOR INDEPENDENT STUDY / DIRECTED READINGS**

**Part I – To Be Completed By Student**

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_

Semester: \_\_\_\_\_, 20\_\_ Class #: \_\_\_\_\_

Professor: \_\_\_\_\_ Professor Department: \_\_\_\_\_

Grade option: \_\_\_\_\_ Letter grade \_\_\_\_\_ S/U

Number of credit hours to be awarded upon completion of course: \_\_\_\_\_

**Part II – To Be Completed By Instructor**

***Faculty-student agreement/ Syllabus must be attached.***

- I. Objective of the course:
  
- II. Nature of the teaching-learning process and the proposed schedule of meetings:
  
- III. Proposed work products:
  
- IV. Criteria to assess the work products.

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

\_\_\_\_\_  
Instructor Signature                      Date

\_\_\_\_\_  
Dept. Head/Chair (or Dean)                      Date