

**University of Cincinnati
College of Business
Independent Study/Course Approval Form**

Name of student: _____

Current address: _____

City _____ **State** _____ **Zip** _____

Student ID# _____ **BOL Email Address:** _____

Phone: _____

Course number: _____ **Quarter:** _____

Department or Program in which the study will be done:

Title of study:

Summary of the study to be done:

Evaluation Criteria:

Signature of student: _____ **date** _____

Signature of supervising faculty member: _____ **date** _____

Signature of Department Head: _____ **date** _____

Signature of Director of Undergraduate Programs: _____ **date** _____

White: Instructor

Yellow: College

Pink: Student

Goldenrod: Dept.