

**University of Cincinnati
Lindner College of Business
Independent Study Approval Form**

Student Name:

UCID (M#):

UC Email:

Semester in which course will be completed:

Course number:

Department or Program in which the study will be done:

Title of study:

Summary of the study:

Evaluation Criteria:

Signature of student:

Date Signed:

Signature of supervising faculty member:

Signature of Department Head:

Signature of Undergraduate Programs Office representative: