

Independent Study (course description form)

Original- student's file
1 copy to instructor
1 copy to student

Dept. Name: _____ **Course Number:** _____ **# of Credits:** _____
(i.e., AUD, SPLH, SLPD, SPED, etc.)

Instructor Name: _____

Student Name: _____ **Student KUID #:** _____

Semester/Year Offered: _____ semester _____ year _____

Course Title: *Independent Study in SLP or AUD* (select one)

Course Sub-Title: _____

(Example: Infant Feeding and Swallowing.)

Course Description and Expectations.

Instructor Signature

Date

Student Signature

Date

SPLH Courses: Please return form to atru@ku.edu, 3001 Dole Building, Lawrence campus.

AUD/SLPD Courses: Please return form to evandyke@kumc.edu, 3031 Miller, KUMC campus.