Undergraduate Independent Study Form

Speech-Language-Hearing Department

Students interested in pursuing an independent study course must complete this form prior to enrollment. Email the form to splh@ku.edu and the instructor.

Course Number _____ **# of Credits** _____

Instructor Name _____

Student Name _____ **Student KUID #** _____

Year _____ **Semester** _____

Course Description (goals and activities):

Course Expectations (learning outcomes, timeline, and product):

Instructor Signature _____ Date _____

Student Signature _____ Date _____