



Southeast Arkansas College

Student Request for Independent Study

Revised Summer 2006

Student Information:

Last Name	First Name	Middle Initial	Social Security Number
-----------	------------	----------------	------------------------

Mailing Address	City	State	ZIP Code
-----------------	------	-------	----------

Phone (Please include the area code.)	Major
---------------------------------------	-------

I request to take the following technical studies course as Independent Study:

Course Prefix/Number	Section Number	Course Name
----------------------	----------------	-------------

Reason(s) why I cannot take this technical studies course in-class and need to take it as an Independent Study course: _____

I have read the SEARK College Independent Study policy. YES NO (Please request a copy.)

State how the reasons listed above comply with the policy conditions.

Signature of Student	Date
----------------------	------

I support this student's request to take _____ through Independent Study.

Instructor/Advisor	Date
--------------------	------

Division Chair	Date
----------------	------

Vice President for Academic Affairs	Date
-------------------------------------	------