



INDEPENDENT STUDY REQUEST FORM

THIS FORM MUST BE RECEIVED NO LATER THAN THE DATE LISTED ON THE JTS ACADEMIC CALENDAR at: http://www.jtsa.edu/campus/registrar/abul_cal.shtml

PERSONAL INFORMATION

Last Name _____ First Name _____

Student ID # _____ JTS E-mail Address _____@jtsa.edu

PROGRAM INFORMATION

Degree (check one) BA MA Ph.D. Ed.D. DHL ORD HAZ NON MATRIC

INDEPENDENT STUDY PROJECT INFORMATION

SEMESTER AND YEAR (please check semester and enter year project is to be completed).

FALL/ 200_____ SPRING/ 200_____
 SUMMER 1/ 200_____ SUMMER 2/ 200_____ SUMMER 3/ 200_____

FACULTY SUPERVISOR (print name) _____ **# of CREDITS** _____

DESCRIPTION OF INDEPENDENT STUDY PROJECT

(include a description of the work required to complete this project including term papers, examinations, oral reports and number of meetings with the project's faculty supervisor)

DATE PROJECT IS TO BE COMPLETED _____

SIGNATURES

Student's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Advisor's Signature _____ Date _____