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**VT-WFU School of Biomedical Engineering & Sciences**

**Request for Independent Study (BMES 5974)**

STUDENT INFORMATION	COURSE INFORMATION
Name _____ ID# _____ Local Address: _____ _____ _____ email: _____ Major: _____ College: _____	Department: _____ CRN #: _____ Term/Year: _____ Instructor: _____ (print name) Date Request submitted: _____ Credit Hours: _____, P/F ONLY

Title of Proposed Study: \_\_\_\_\_

**Instructions:**

Attach to this form a typewritten statement that includes the following:

- A brief description of the project to be done
- A description of the tasks to be performed during the course of the project
- A description of the evaluation process by which the instructor will assign a grade

**APPROVALS:**

Student: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

Instructor: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

GPC Chair: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

College of Engineering Dean's Office: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

Approval Date: \_\_\_\_\_