



**Application for Independent Study: THEA 390 or 530**

Name: \_\_\_\_\_ Dawgtag: \_\_\_\_\_

Address: \_\_\_\_\_

SIU Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Applying for: \_\_\_\_\_ credit hours in the Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ semester of 20 \_\_\_\_.

Working title of independent study: \_\_\_\_\_

\_\_\_\_\_

Summary of project proposal:

Signature of Student

Signature of Faculty Sponsor

Faculty Sponsor's Dawgtag

\_\_\_\_\_

Date

Date

Date