## AUBURN UNIVERSITY APPROVAL FOR INDEPENDENT STUDY/DIRECTED READINGS

## Part I – To Be Completed By Student

Name:			
Number of Credit Hours Requ	ested: Se	Semester:	
Professor:		Department:	
Grade Option:			
<ul><li>□ Letter Grade</li><li>□ Satisfactory/Unsatisfa</li></ul>	octory		
	Part II – To Be Cor	npleted By Instructor	
(Please attach	a course syllabus tha	t addresses the following four points.)	
I. Objective of the c	ourse		
II. Nature of the tead	ching-learning proces	s and the proposed schedule of meeting	
III. Proposed work pr	oducts		
IV. Criteria to assess	the work product		
Student Signature	Date	Associate Dean for Research And Graduate Programs Signature	Date
 Instructor Signature	Date	Dean Signature	Date
Department Head Signature	 Date	Provost Signature	Date