ASHEVILLE-BUNCOMBE TECHNICAL COMMUNITY COLLEGE

REQUEST FOR INDEPENDENT STUDY

DATE: _____

_____ ___/___/___/___/___/___/___/

NAME OF STUDENT Student ID#

has requested an Independent Study Class for:

_____ _____ _____

COURSE NUMBER TITLE OF COURSE SEMESTER YEAR

Please sign if you consent to supervise this student for an Independent Study. This form should be completed and submitted to the Student Records and Registration Office.

_____

INSTRUCTOR SIGNATURE

_____ _____

DEPARTMENT HEAD SIGNATURE DEAN SIGNATURE

Records&Regis.Rev.11/20/06