

GRADUATE SCHOOL
Vanderbilt University

REQUEST FOR INDEPENDENT STUDY / DIRECTED STUDIES / READINGS & RESEARCH

Student's Name _____
(Last, First & Middle)

Student VU ID # _____

Fall	
Spring	
Summer	

20	
----	--

Name of Instructor (*please print*) _____

Course Title: (i.e. project name for your Independent Research) (45 char. max)		Credit Hours
Subject Area [i.e. ENGL]	Catalog # [Will not be 7999, 8999, 9999]	

Describe the nature of this course and list your specific responsibilities as outlined by the instructor:

Signature of Student

Date

Signature of Instructor (Required)

Date

Signature of Director of Graduate Studies (Required)

Date