**Application for Independent Study and Tutorials**

Business and Economics Department

(Updated October 2020)

*Note: This application should be submitted to Dr. Johanna Sweet via email at* *sweet@roanoke.edu* *or directly to West Hall room 230 the semester or summer prior to undertaking the project.*

**Name of Student:**­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA in Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Application:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration:** *If this course is an independent study, please complete course abbreviation & semester/year below.*

 Circle One: Departmental Course(s): Semester/Year

BUAD / ECON \_\_\_\_\_\_\_\_\_\_405 (1/2 unit) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUAD / ECON \_\_\_\_\_\_\_\_\_\_406 (1 unit) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUAD / ECON \_\_\_\_\_\_\_\_\_\_407 (1/2 unit) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If course is a tutorial please complete the following:*

Course Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I have read and understand the guidelines as specified in the Academic Catalog regarding independent study.*

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

***Approval of Student’s Proposal and Application***

Faculty Supervisor’s Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departmental Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Department Chair’s Signature)*