

# Independent Study Request Form

## The Office of Registration and Records



Independent study in a course will be granted only in the most extraordinary circumstances. Eligibility for an independent study course will be determined by the department chair. If the department chair determines that a student is eligible for an independent study course, they will assign an instructor and the student will be registered for the course by the Office of Registration and Records. The assigned professor will coordinate all course requirements including exams, homework, lab assignments and research papers in lieu of classroom participation.

### TO BE COMPLETED BY THE STUDENT:

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Desired Term of Study

\_\_\_\_\_  
Course Number

\_\_\_\_\_  
Course Title

\_\_\_\_\_  
# of Credits

Reason for requesting independent study in the above noted course:

I understand that I am responsible for payment of tuition for the course I have listed above on the due dates listed in the schedule. Payments received after the due date/dates are subject to a late charge of \$25.00. Nonattendance of courses does not relieve students of their financial obligation. All requests to drop a class or withdraw must be submitted in writing to the Office of the Registrar by their advertised deadlines. Collection or litigation expenses associated with this account are the responsibility of the student. The university reserves the right to withhold all services with outstanding accounts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form to the Office of Registration and Records.**

For Office Use Only:

Approved

Not Approved

Chair Signature:

Professor Assigned:

Additional Notes:

**Capitol Technology University**  
11301 Springfield Road, Laurel, MD 20708  
Tel: 301-369-2313  
Email: registrar@captechu.edu