

**Individualized Research Request**

Please see the Academic Catalog on theseattleschool.edu website for more information.

Name: \_\_\_\_\_ ID# \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Term that course will be taught in: \_\_\_\_\_

**Procedure for Approval:**

- Attached proposed syllabus to this form
- Return it to the Academic Office with your signature and faculty member signature
- You will be notified via e-mail of the decision of the Registrar and Academic Dean

1. I agree to teach this course as an Independent Study and approved the attached syllabus

\_\_\_\_\_  
Course Instructor Signature Date

2. The Academic Dean has reviewed the syllabus and petition and approves this request

\_\_\_\_\_  
Academic Dean Signature Date

3. I have reviewed this with the student and support the request.

\_\_\_\_\_  
Registrar Signature Date

4. Student signature authorizes the Academic Office to register you for these hours and the Business Office to charge the appropriate tuition to your account.

\_\_\_\_\_  
Student Signature Date

*FOR OFFICE USE ONLY:* Human resources department: \_\_\_\_\_ Date: \_\_\_\_\_