VIRGINIA TECH
GRADUATE SCHOOL
REQUEST FOR INDEPENDENT STUDY (5974)

Please submit two weeks prior to the semester

STUDENT INFORMATION	COURSE INFORMATION
1). Name: _____	1). Department: Management
2). Student #: _____	2). Index #: _____
3). Local Address: _____	3). Term/Year: _____
_____	4). Instructor: _____
_____	5). Instructor's ID #: _____
4). Major: _____	6). Date Request Submitted: _____
5). College: _____	7). Credit Hours _____, P/F ONLY

8) Title of Proposed Study (limit to 30 characters):

_____

ATTACH ADDITIONAL INFORMATION AS NEEDED.

Give a brief description of the study, objectives, materials and methods, justification, and method of evaluation.

APPROVALS:

Student _____

Advisor _____

Instructor _____

Department Head _____

Academic Dean _____