

Business Division - Independent Study Request Form

Students should be reminded that an independent study is just that - demonstrated mastery of the course objectives developed independently and without the structure of a classroom or regular meetings with the instructor. In general, independent studies are more work (and not less) than a traditional course and should be requested only as a last resort.

To Be Completed by Student (Please Print)

Name _____ Lakeland ID# _____
(First, Middle Initial, Last)

Address _____ Telephone No. _____

City _____ State _____ Zip _____

LCC Email Address _____

_____ Degree/Major

_____ Code Number

_____ Title

Semester Graduating: _____ Semester Independent Study Requested: _____
Fall/Spring/Summer Year

Independent Study Course Requested:

Course Number	Course Title	Credits	Approved (✓)	Denied (✓)

Course Department : please check (✓)

___ Accounting

___ Information Technology & Computer Science

___ Business Management

___ Media Technology

Reason for Requesting an Independent Study _____

Note: This request must also have the following attached:

1) A **copy of student's most current Lakeland Transcript.**

2) A **copy of student's Program Curriculum Guide.** Note: Please cross out the courses you have taken and passed. Course(s) still needed should be circled or highlighted. (This would include any courses still needed to be taken to fulfill your program requirements.) Available from the LCC Catalog.

3) A **copy of student's current semester schedule**, if warranted, to show courses that are in progress and would not be on your transcript. Please make an appointment with an academic counselor 440-525-7200 as soon as possible to determine if you are eligible for graduation in the semester you have listed above, if you have any questions or concerns.

4) Attach **any official paperwork** that shows courses that were transferred, waived or substituted that are in your program.

Student Signature: _____ Date: _____

DISCLAIMER: Failure to include any of the above required information will result in your request being denied. **Please bring this form and required information to the Division Dean for review.** You will be notified by Email (LCC Account) with a decision once the Dean and Department have reviewed your request. Please understand (a) if you have already attempted/taken this course, and/or (b) if a qualified faculty member cannot be assigned to your request(s), and/or (c) if a course requested in the semester needed is or will be offered/running, your request will not be honored. **If your independent study request is approved, please email your instructor for the guidelines in taking the independent study course.**

Information Below - For Official Use Only

Request: Approved or Denied - (Please Note with ✓ Above)

Reason: _____

Departmental Approval: _____ Date: _____
(After Department Approval, please forward to Dean's Office)

Divisional Approval: _____ Date: _____