

SOUTHWESTERN ADVENTIST UNIVERSITY REQUEST FOR AN INDEPENDENT CLASS

Student Information

Name: _____
Major: _____
Contact e-mail _____

ID # _____
Class Standing: Junior Senior

I acknowledge that I know a course fee for private instruction will be charged in addition to tuition for this class. The fee for this class will be \$ _____.

Signature of the Student Date _____

I affirm that there are irreconcilable class schedule conflicts and alternatives like a class substitution and/or waiver is not possible in this circumstance. I am requesting that the following class be taught on an independent basis so that the student's academic progress will not be unnecessarily delayed.

Signature of the Advisor Date _____

Course Information

Course Prefix/ No.	Title	CrHrs	Instructor Name
_____	_____	_____	_____

This class is approved to be taught during _____ term of the academic year _____.
Will a distance education course be used for this independent class? Yes _____ No _____

Signature of the Instructor Date _____

Signature of the Chair of the Department Offering the Class Date _____

Signature of the VP for Academic Administration Date _____
