



SOUTHWESTERN ADVENTIST UNIVERSITY

Knowledge. Faith. Service.

REQUEST FOR AN INDEPENDENT CLASS

1. Student Information

Name: _____

ID # _____

Major: _____

Class Standing: Junior Senior

Contact e-mail _____

Graduation Contract Approved: Y or N

Course Information

Course Prefix/ No.

Title

Cr.Hrs. Instructor Name

2. 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.

_____ Date _____

Signature of the Advisor

3. 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 _____

_____ Date _____

Signature of the Instructor

_____ Date _____

Signature of the Chair of the Department Offering the Class

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

_____ Date _____

Signature of the Student

- 5.

_____ Date _____

Signature of the VP for Academic Administration

Office Use Only

Request Approved: Y N

Create Class _____ Enroll Student _____ Canvas _____ Teacher Packet _____ Teacher Stipend _____