

GRADUATE SCHOOL
Vanderbilt University

REQUEST FOR INDEPENDENT STUDY / DIRECTED STUDIES / READINGS & RESEARCH

Student's Name _____
(Last, First & Middle)

Student VU ID										
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Fall	
Spring	
Summer	

20	
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Name of Instructor (*please print*) _____

Course Title:		Credit Hours
Department Abbreviation [i.e. ENGL]	Number [Will not be 369, 379, 399]	

Describe the nature of this course and list your specific responsibilities as outlined by the instructor:

Signature of Student

Date

Signature of Instructor (Required)

Date

Signature of Director of Graduate Studies (Required)

Date

Return completed form to the Graduate School, 411 Kirkland Hall, *no later than the tenth day of classes (the end of the change-of-course period).*