

GRADUATE SCHOOL
Vanderbilt University

REQUEST FOR INDEPENDENT STUDY/DIRECTED STUDIES/READINGS & RESEARCH

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

Student's SSN _____ Semester _____

Print Name of Instructor _____

Course Title:			Credit Hours
Course (Dept.)Prefix	Course Number	Section Number	

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

Signature of Student Date

Signature of Instructor Date

Signature of Director of Graduate Studies 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).*