



TEXAS A&M
UNIVERSITY
KINGSVILLE

**INDEPENDENT STUDY COURSE
APPROVAL FORM**

GENERAL INFORMATION:

Student's Name: _____ K#: _____

Major (Check One): AEEN CEEN CHEN CSEN EEEN EVEN
IEEN ITEN MEEN NGEN

Course to be taken as Independent Study: _____ Semester to be taken: _____

Is this course required for the degree: Yes No

Rationale for Independent Study: _____

COURSE REQUIREMENTS (You must attach a copy of the course syllabus):

Student Outcomes:

Course Assessment:

Student Contact (intended physical contact sessions):

AGREED UPON AND APPROVED BY:

Student Signature

Instructor of Course

Chair of Department

Dean of Engineering