

**Eastern Illinois University  
School of Technology  
Organizational Development  
Application for Independent Study**

**Student Name:**

**Student E-Number:**

**EIU Email:**

**Phone:**

**Supervising Faculty Name:**

**Semester/Year of Independent Study:**

**Semester/Year of Anticipated Graduation**

**Course Title: TEC 3920**

**Number of Credit Hours:**

**Title of Independent Study Project:**

**Outline of Experience and/or Research:**

**Student and supervising faculty member have agreed to the following evaluation procedure:**

**Supervising Faculty Signature**

**Date:**

**Academic Advisor Signature**

**Date:**

**Chair, School of Technology Signature**

**Date:**

**cc: student, supervising faculty, SOT office**