

Independent Study Title Change



Student Name: _____

Student ID # _____ Date: _____

Course Prefix and Number: _____ Quarter _____ Credits _____

Current Title of Learning Activity:

New Title of Learning Activity: [29 characters or less]

Student signature _____ Date: _____

Instructor signature: _____ Date: _____

Core Faculty Advisor signature: _____ Date: _____

You may submit this form in person, by email, mail or by fax.
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