

Application for Graduate Independent Study

ANTIOCH
UNIVERSITY
SANTA BARBARA
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Permission to register for an Independent Study must be obtained from your Academic Advisor. To get permission, fill out and submit this form to your Academic Advisor prior to registration.

Student Name: _____ ID#: _____ Date: _____

Program: Education MACP PsyD MBA Term: _____

Course #	Course Title	*Evaluator	Units
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The following information should be obtained from the evaluator and confirmed by your Advisor. You may attach an additional page if necessary.

Topic to Be Examined and Relevance to Degree:

Proposed Learning Activities (readings, meetings with evaluator, field work, etc.) You cannot receive credit for just attending conferences and workshops; you need to demonstrate your learning to an approved evaluator:

Reading List or Area of Literature Search:

Method of Demonstrating Learning (e.g. final paper, project, etc.):

Student Signature*: _____ Date: _____

Evaluator Signature*: _____ Date: _____

Advisor Signature*: _____ Date: _____

**Please note that an electronic signature is only valid when using an Antioch email account.*