



Graduate & Continuing Studies
“The Delta’s Link to Lifelong Learning”

APPLICATION FOR INDEPENDENT STUDY

Name _____
(Please Print) Last First Middle Maiden

Social Security # _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____ Work # _____

Home # _____ Email address _____

Have you received credit at DSU prior to this registration? _____ If yes, date of last course _____

If you are a senior at DSU, give date of graduation _____

If you are currently attending another college, list name _____

List course(s) for which you are registering: (ex: ART 212 Art Appreciation)

(1) _____

(2) _____

Dean’s Approval _____ **Date** _____

Advisor’s Approval _____ **Date** _____
(Signatures above are required for DSU students, optional for others)

I have read the Independent Study Course Brochure. I agree to follow all policies and procedures as outlined in this brochure.

Student Signature _____ **Date** _____

The fee is \$595.00 for a (3) hour course. Payment MUST accompany this application.

_____ Enclosed is a check or money order payable to Delta State University for the amount of _____

Mail To:
Graduate & Continuing Studies
Attn: Independent Study
Kent Wyatt Hall, Room 239
Cleveland, MS 38733