Updated 1/2025

Saint Louis University Office of the University Registrar Independent Study/Research Request Form

Form #36

Student Email: Faculty Sponsor Information Sponsor Email:	Student Information	
Faculty Sponsor Information Sponsor Name:	Student Name:	Student ID:
Sponsor Name:	Student Program:	Student Email:
Independent Study/Research Details Term/Session for Independent Study: Title of Independent Study/Research Project: Subject Code and Course Number: Brief Description of the Independent Study/Research Project: Provide a brief description Assignments: List any assignments, exams, or projects including how the student's performance will be assessed, and any resources needed such as books, software, or laboratory equipment. Acknowledgment and Agreement By signing below, I acknowledge that I have discussed this independent study/research project with my faculty sponsor, and I agree to adhere to the guidelines and deadlines outlined above and any other instructions provided by my faculty sponsor. Student Signature: Date: Faculty Sponsor Approval: I approve of the independent study/research project outlined above and agree to serve as the student's sponsor for this project.	Faculty Sponsor Information	
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Department Chair Signature: Date:	Department Chair Signature:	Date: