



INDEPENDENT STUDY AGREEMENT FORM

Dear applicant:

This agreement form is for academic research courses prescribed in the Georgia Christian University *Catalog* (p. 20). It should be submitted along with your registration form to the Registrar's Office at the time of registration. Please note that this agreement is not for your required registration for course works, but is simply an agreement between you and designated professor(s) at the institution.

Applicant Information:

Name: _____, _____ Date of Birth: _____
Last First

Student ID#: _____ Degree Program: _____

Starting Semester/Year at GCU: _____

Independent Study Program Information:

Academic Semester: _____, 20 _____

Course Title: _____ Professor: _____

Course Title: _____ Professor: _____

Additional Requirements for Course Works:

I understand that no more than two courses of my studies can be done through Independent/Directed Studies:

Student Signature: _____ Date: _____

I will supervise this Research Course and agree to submit Final grade to the Office of Academic Affairs:

Professor Signature: _____ Date: _____

Received/recorded by the Office of Academic Affairs:

Official Signature: _____ Date: _____