

COM 3980 INDEPENDENT STUDY APPLICATION FORM
School of Communication
Western Michigan University
Kalamazoo, MI 49008-5318

Complete the following information.

Name _____ WIN # _____ Date of Birth _____

Address _____ Phone _____

WMU E-mail address _____ COM GPA _____

Major _____ Minor _____ Overall GPA _____

About your independent study

Name of Faculty Sponsor _____

Phone number _____ E-mail _____

Please attach the following documents to this application:

_____ A completed independent study proposal (see sample proposal)

_____ A copy of your unofficial transcript (downloaded from GoWMU)

As a student in the School of Communication at Western Michigan University, I understand the requirements and responsibilities for my independent study. I authorize representatives of the School of Communication to add this class to my schedule, according to the information above and I also understand that I will be responsible for the accompanying tuition/fees for the course.

Signature of Student

Signature of Faculty Advisor

Signature of Director

Date

To be completed by the faculty sponsor:

Semester & Year of internship _____ Number of credit hours authorized: 1 2 3 (CIRCLE ONE)