

WESTERN MICHIGAN UNIVERSITY  
Department of Geosciences

AUTHORIZATION  
FOR INDEPENDENT STUDY  
(Please use a separate form for each request.)

Date of Request \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student Name \_\_\_\_\_

Local Phone Number \_\_\_\_\_

Status

Please check the appropriate status. Graduate \_\_\_\_\_ Undergraduate \_\_\_\_\_

Semester

Please write the year of your request and check the appropriate semester.

Year \_\_\_\_\_

\_\_\_\_\_ Spring

\_\_\_\_\_ Summer I

\_\_\_\_\_ Summer II

\_\_\_\_\_ Fall

I AM TAKING THIS AS GEOS \_\_\_\_\_

Course Number \_\_\_\_\_ Credit Hours \_\_\_\_\_ Call # \_\_\_\_\_

Course Name: \_\_\_\_\_

SIGNATURE OF FACULTY AUTHORIZING THIS ENROLLMENT

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_