



WARNER UNIVERSITY

# Request for Independent Study or Semester Overload

**Instructions:** Use this form to request an independent study or to register for more than 18 credits in a semester. Minimum requirements for approval are junior/senior status and a 3.0 GPA. A registration form must accompany this form for the registration to be processed.

Name \_\_\_\_\_

ID # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Current GPA \_\_\_\_\_

Total Credits Earned \_\_\_\_\_

Home Phone \_\_\_\_\_

Request is for

Alt/Cell Phone \_\_\_\_\_

Fall  Spring  Summer

Email \_\_\_\_\_

Year \_\_\_\_\_

Request for **INDEPENDENT STUDY**

Request for **OVERLOAD**

Course Number and Title \_\_\_\_\_

Total Registered Credits upon approval \_\_\_\_\_

Instructor \_\_\_\_\_ Credit Hours \_\_\_\_\_

Projected Completion Date \_\_\_\_\_

Specify why you are making this request:  
(Indicate the reason request is necessary)

Indicate what arrangements have been made so you can successfully complete this request:  
(Independent Study: Indicate the Instructor arranged to tutor the course, meeting times and attach course syllabus)  
(Course Overload: Indicate how you can successfully manage the increased demands of the requested overload)

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Instructor Approval \_\_\_\_\_

Date \_\_\_\_\_

*Students are charged an additional fee for an independent study*  Check to waive fee

Advisor Approval \_\_\_\_\_

Date \_\_\_\_\_

Department Chair Approval \_\_\_\_\_

Date \_\_\_\_\_

School Dean Approval \_\_\_\_\_

Date \_\_\_\_\_

Recorded by Registrar \_\_\_\_\_

Date \_\_\_\_\_