

# Independent Study Form

## TECHNOLOGY ENTREPRENEUR CENTER

### STUDENT INFORMATION

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

UIN \_\_\_\_\_ Major \_\_\_\_\_

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

### INDEPENDENT STUDY/SPECIAL RESEARCH PROJECT

Attach a written outline of the specific academic work to be performed including how this work will be directly supervised by a faculty member. Obtain approval from a faculty member and from Terry Cole, Assistant Director of Academic Programs for TEC. Professional work related to the student's major must be supervised by an instructor approved by TEC.

Instructor will work with the student to earn \_\_\_\_\_ credit hours.

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

### COURSE INFORMATION

If approved, students will receive an email that instructs them to register before the "add" deadline for the following course:

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

Number \_\_\_\_\_ Credit Hrs. \_\_\_\_\_ Term \_\_\_\_\_ Year \_\_\_\_\_

Section\* \_\_\_\_\_ CRN\* \_\_\_\_\_

\* Section and CRN must be completed by the department.

### PLEASE RETURN THIS FORM & DOCUMENTATION TO:

351 Coordinated Science Lab | 1308 W. Main St., Urbana  
tec@illinois.edu

Copy given to student      Initials \_\_\_\_\_ Date \_\_\_\_\_

Email sent to student      Initials \_\_\_\_\_ Date \_\_\_\_\_

Processed by      Initials \_\_\_\_\_ Date \_\_\_\_\_

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