Student Information

Full Name: ___________________________

Last  First  M.I.

Address: __________________________________________

Street Address ______________________________________ Apartment/Unit #

City __________________________________________ State ___________________ ZIP Code ____________

Home Phone: (___) ___________________________ USC ID Number: __________

Course Information

Please attach a summary of the independent study (one or more paragraphs in length), a brief statement or outline of the course requirements, and a reading list. Supervising faculty must approve the course before clearance to enroll can be granted to the student.

Semester: _____________________ Units:_________

☐ IR 590  ☐ IR 790  ☐ POSC 590
☐ POSC 790

Do you plan on using this course for credit towards one of your field concentrations?

☐ Yes  ☐ No

If so, which field of concentration: ____________________________________________

Supervising Faculty Name: ____________________________________________

Signature of Student: ____________________________________________ Date: __________

Signature of Supervising Faculty: ____________________________________________ Date: __________

For Department Use Only

Approved  Denied

Reason:__________________________________________________________________

Signature of POIR Director: ____________________________________________ Date: __________