



GEORGIA CHRISTIAN UNIVERSITY

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INDEPENDENT STUDY AGREEMENT

Dear applicant:

This agreement form is for 500-level or above academic research courses prescribed in the official catalog of Georgia Christian University. It should be submitted along with your registration form to the Registrar's Office at the time of registration. Please note that this agreement is not for your required registration for course works, but is simply an agreement between you and designated professor(s) at the institution.

Applicant Information:

Name * _____, _____, _____
Last First Middle

Date of Birth * _____

Dates of Attendance _____

Department * _____

Independent Study Program Information*:

Academic Terms:	_____	, 20 _____
Course Title:	_____	Professor: _____
Course Title:	_____	Professor: _____
Course Title:	_____	Professor: _____
Course Title:	_____	Professor: _____

Additional Requirements for Course Works*:

I understand that no more than 10% of my total semester hours can be in Independent Research Courses and Directed Studies:

Student Signature * _____ Date * _____

I will supervise this Research Course and agree to submit Final Record to the Office of Academic Affairs:

Professor Signature * _____ Date * _____

Received/recorded by the Office of Academic Affairs:

Official Signature * _____ Date * _____