

CENTRAL PHILIPPINE UNIVERSITY
Jaro Iloilo City

_____ Semester/Summer _____ SY _____

Request for Independent Study

College/Academic Unit: _____ Date: _____
Course Number/Descriptive Title: _____ Units for Subject: _____
Reason/s for the independent study: _____

Teacher's Full Name: _____ Teacher's load including the independent study: _____

Conformé: _____
Teacher's printed Name & Signature

Printed Name of Students	Student's Signature	Total Load incl. Independent Study	Student's Dept. Head's Signature	Student's Dean's Signature
1.				
2.				
3.				
4.				

Endorsed:

Signature over Printed Name of the
Chair/Dept. Head of Service Unit

Signature over Printed Name of the
Dean of Service Unit

Approved: _____
VPAA

Date

IMPORTANT: Complete the process by accomplishing the following:

- Changing/Adding Form** – if requested independent study is an additional subject
- Change of Schedule Form** – if requested independent study is a converted subject
(for example: from tutorial to independent study or from regular subject to independent study)

Accomplish in 10 copies after the request has been approved

(Independent Study No. _____, series _____)

cc: Registrar, Business Office, Dept. Head of Student, Dean of Student, Dept. Chair of Service Unit, Dean of Service Unit, Original: VPAA File
Schedule Coordinator, Faculty & Students



CENTRAL PHILIPPINE UNIVERSITY
Jaro Iloilo City

_____ Semester/Summer _____ SY _____

Request for Independent Study

College/Academic Unit: _____ Date: _____
Course Number/Descriptive Title: _____ Units for Subject: _____
Reason/s for the independent study: _____

Teacher's Full Name: _____ Teacher's load including the independent study: _____

Conformé: _____
Teacher's printed Name & Signature

Printed Name of Students	Student's Signature	Total Load incl. Independent Study	Student's Dept. Head's Signature	Student's Dean's Signature
1.				
2.				
3.				
4.				

Endorsed:

Signature over Printed Name of the
Chair/Dept. Head of Service Unit

Signature over Printed Name of the
Dean of Service Unit

Approved: _____
VPAA

Date

IMPORTANT: Complete the process by accomplishing the following:

- Changing/Adding Form** – if requested independent study is an additional subject
- Change of Schedule Form** – if requested independent study is a converted subject
(for example: from tutorial to independent study or from regular subject to independent study)

Accomplish in 10 copies after the request has been approved

(Independent Study No. _____, series _____)

cc: Registrar, Business Office, Dept. Head of Student, Dean of Student, Dept. Chair of Service Unit, Dean of Service Unit, Original: VPAA File
Schedule Coordinator, Faculty & Students