Undergraduate
Independent Study Form
ARCH 490

Student Name ____________________________ Major _________________________
Email Address __________________________ ID Number __________ Term/Year _______

Select Topic:
☐ ARCH 490A - Design Communications ☐ ARCH 490B - Design ☐ ARCH 490C - Technical Systems
☐ ARCH 490D - Architectural History ☐ ARCH 490E - Behavioral Studies ☐ ARCH 490F - Practice ☐ ARCH 490H - Honors

Course Title: _____________________________ Section ________ Credits (1-9) ________

Instructor’s Name: ________________________

Description of Content / Objectives (attached additional pages if necessary):


Requirements for Successful Completion:


Meeting Arrangements (Days/Time):


Where will this course apply for degree requirements:


Signatures Required for Approval:

Student ____________________________ Date

Instructor ____________________________ Date

Advisor ____________________________ Date

Chair of Department ____________________________ Date

After approval, the student emails this form to design-ss@iastate.edu.
To register for the course, prepare a digital Schedule Change form, found in AccessPlus.