Undergraduate
Independent Study Form
CRP 490

Student Name _______________________________ Major _______________________________

Email Address ____________________ ID Number ________ Term/Year ________

Select Topic:
☐ CRP 490 - Independent Study ☐ CRP 490H - Honors

Section ______ Credits (1-4) ______ Instructor’s Name: _______________________________

Description of content and objectives of the course (attach additional pages if necessary):

________________________________________

Requirements for successful completion:

________________________________________

Meeting Arrangements (Days/Time): ________________________________________________

Instructor’s Name: _______________________________________________________________

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.