

Request for Project and Report Form AOE 5904

Complete all information on this form and submit it two weeks prior to the beginning of semester.

If adding this course puts you over **18 credit hours**, you will need permission from the Graduate School.

To obtain permission submit an Over-Enrollment Request Form directly to Graduate School via email at grads@vt.edu and copy your AOE Graduate Program Coordinator.

Student Name:	Student ID # (last 4 digits only):		
Лаjor:		VT Email:	
semester/Year of Course:		Student Overall GPA:	
nstructor Name:		Instructor ID # (last 4 digits only):	
Date Request Submitted:		Credit Hours: (P/F only)	
Fitle of Proposed Independent Study: (Li	mit to 30 charact	ters)	
Give a brief description of the study and	objectives. Give	methods, justification, and methods of e	evaluation.
Attach additional information as needed	l.		
Student Signature	Date	Instructor Signature	Date
Faculty Advisor Signature	Date	Department Head/Director Signature	Date
Graduate Program Coordinator Signature	Date		