



**Political Science Independent Study Request Form
POS or SGS 499**

If multiple courses are being requested, a separate form is required for each request.

Student Name: _____

Date: _____ ASU ID Number: _____

Major: _____

Semester and year of course to be taken: _____

Course number: POS _____ OR SGS _____

Number of credits to be taken: _____

Supervisor/advisor for course: _____

Proposed date of graduation: _____

Description of work to be completed for course:

Student Signature _____ Advisor Signature** _____

In lieu of signature, an adviser may email his/her approval to SPGS Senior Specialist Lisa Lamb at llamb5@asu.edu. Advisor signature is **not required once a student has passed their prospectus defense. Please submit this completed form to llamb5@asu.edu no later than the first day of the semester. An override will be processed and the student will be notified to register for the course.