



**APPLICATION FOR INDEPENDENT STUDY
READING AND CONFERENCE (BMI 790)
ARIZONA STATE UNIVERSITY
SCHOOL OF COMPUTING AND INFORMATICS**

PLEASE PROVIDE THE FOLLOWING INFORMATION:

| | | | |
|-------------------------|--------------------------|-------------------------------------|--------------------|
| Last Name [REDACTED] | First Name [REDACTED] | 10 Digit Student ID # [REDACTED] | Date [REDACTED] |
| Email Address | | Credit Hours | |
| Semester [REDACTED] | Year [REDACTED] | Cumulative GPA* [REDACTED] | |

*Student must have a cumulative GPA of 3.0 to register for independent study hours.

Purpose of Study: (Brief Description)

| | |
|--|------|
| Student Signature | Date |
| Supervising Instructor (Please print name) | Date |
| Supervising Instructor Signature | Date |
| Dr. Vimla Patel, Vice Chair | Date |

Please return form to SCI Advising Center, Brickyard, Ste. 208 for processing.