



WARNER UNIVERSITY

Request for Independent Study

Instructions: Use this form to request an independent study.
Minimum requirements for approval are **60 earned credits** and a **3.0 GPA**.

Student's Name _____	ID # _____
Total Credits Earned _____	GPA _____
Student Phone _____	Request is for ☐ Fall ☐ Spring ☐ Summer
Email _____	Year _____
Course Number and Title _____	☐ 16 weeks
Instructor _____ Credit Hours _____	☐ Session A
Projected Completion Date _____	☐ Session B
	Need Moodle? ☐ Yes ☐ No
Specify why you are making this request: (Indicate the reason request is necessary)	

Indicate what arrangements have been made so you can successfully complete this request:
(Independent Study: Indicate the instructor arranged to tutor the course, meeting times and attach course syllabus)

Note: *Students will be charged an additional fee per credit hour for every credit above 18 credits. See SFS for the fee schedule.*

Student Signature _____	Date _____
Instructor Approval _____	Date _____
Advisor Approval _____	Date _____
Department Chair Approval _____	Date _____
Academic Administrator Approval _____	Date _____
<i>Students are charged an additional fee for an independent study.</i>	
ONLY Academic Administrator can authorize to waive fee.	
☐ Check to waive fee	_____
Recorded by Registrar _____	Date _____



WARNER UNIVERSITY

Overload Request

Instructions: Use this form to request to register for more than undergraduate 18 credits or more than 12 graduate credits per semester. Minimum undergraduate requirements for approval are **60 earned credits and a 3.0 GPA**. The minimum graduate requirement for approval is a **3.5 GPA**.

Student's Name _____	ID # _____
Total Credits Earned _____	GPA _____
Student Phone _____	Request is for ☐ Fall ☐ Spring ☐ Summer
Email _____	Year _____

Total Credit Hours Requested for the semester _____

Specify why you are making this request: (Indicate the reason request is necessary) and indicate what arrangements have been made so you can successfully complete this request:

Note: Students will be charged an additional fee per credit hour for every credit above 18 credits. See SFS for the fee schedule.

Student Signature _____	Date: _____
Advisor Approval _____	Date: _____
Department Chair Approval _____	Date: _____
Academic Administrator Approval _____	Date: _____
ONLY Academic Administrator can authorize to waive fee.	
Waive Overload Fee ☐ Yes ☐ No Academic Admin Initials _____	
Recorded by Registrar _____	Date: _____