

**MARRIAGE AND FAMILY THERAPY PROGRAM  
DEPARTMENT OF CHILD & FAMILY STUDIES  
COLLEGE OF BEHAVIORAL & COMMUNITY SCIENCES  
UNIVERSITY OF SOUTH FLORIDA  
13301 Bruce B. Downs Blvd.; MHC 1632, Box 12  
Tampa, FL 33612-3807  
(813) 974-2855**

**APPLICATION FOR INDEPENDENT STUDY**

NAME: \_\_\_\_\_ STUDENT I.D.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I want to enroll during \_\_\_\_\_ SEMESTER, 20 \_\_\_\_, for \_\_\_\_ semester hours of RCS 6906-\_\_\_\_ (section).  
The CRN for this course is \_\_\_\_\_ (required!).

I propose to engage in the activities indicated below to fulfill the requirements:

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APPROVED BY: \_\_\_\_\_  
Faculty member supervising independent study or research

NOTE: This form must be filled out and approved before registering for the following courses: RCS 6906, Independent Study (S-U only).