



THE UNIVERSITY OF  
**TENNESSEE**  
KNOXVILLE

COLLEGE OF SOCIAL WORK

**Independent Study Course Approval Form**

Student Name:

Instructor Name:

Semester and  
Year which study will occur:  Credit hours:

Course Title or Brief Description:

Independent Study Course Justification:

Three learning goals:

Sample Reading List:

Method of Evaluation:

Note: Email completed form to the **PhD Program Director** and copy course instructor and program assistant. If approved, PhD Program Director will send an email confirmation. Student is not approved to begin course until form has been submitted and approved by the PhD Program Director.