

THE UNIVERSITY OF ALABAMA SCHOOL OF SOCIAL WORK

REQUEST FOR INDEPENDENT STUDY (SW 498)

Semester _____ 20 _____

School in which student is enrolled _____

Name _____ CWID# _____

Address _____

_____ City _____ State _____ Zip Code _____

Email Address _____

Telephone Number(s) _____

Date submitted for approval _____

Signatures:

Student _____ Date _____

Advisor _____ Date _____

Supervising Instructor _____ Date _____

Program Director _____ Date _____

Assistant Dean _____ Date _____