

**THE UNIVERSITY OF ALABAMA  
SCHOOL OF SOCIAL WORK**

**REQUEST FOR INDEPENDENT STUDY (SW 553)**

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Student's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Student's CWID \_\_\_\_\_

Student's Email \_\_\_\_\_

Student's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Date Submitted for Approval \_\_\_\_\_

**Required Signatures:**

Student \_\_\_\_\_ Date \_\_\_\_\_

Advisor \_\_\_\_\_ Date \_\_\_\_\_

Supervising Instructor \_\_\_\_\_ Date \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean \_\_\_\_\_ Date \_\_\_\_\_