

**KELLEY GRADUATE SCHOOL OF BUSINESS  
MASTER OF BUSINESS ADMINISTRATION PROGRAM  
INDIANAPOLIS**

**APPLICATION FOR INDEPENDENT STUDY (590) COURSE WORK**

*Please read completely the accompanying policy statement on independent study before initiation your request for independent study.*

**DATE:** \_\_\_\_\_

**Please type or print the following information and attach a detailed description of project:**

**NAME:** \_\_\_\_\_ **STUDENT ID#:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**HOME TELEPHONE #:** \_\_\_\_\_ **WORK TELEPHONE #:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**COURSE NUMBER:** \_\_\_\_\_ **CREDIT HRS:** \_\_\_\_\_ **SEMESTER TO BE TAKEN:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**APPROVALS:**

1. \_\_\_\_\_ **Student** \_\_\_\_\_ **Date**

2. \_\_\_\_\_ **Instructor** \_\_\_\_\_ **Date**

3. \_\_\_\_\_ **Academic Advisor** \_\_\_\_\_ **Date**

4. \_\_\_\_\_ **MBA Program Chair** \_\_\_\_\_ **Date**

**Please sign the form and then obtain your instructor's signature. You should then return the form to the Kelley MBA Office. After the MBA Office has obtained the remaining signature, a copy will be provided to you, your instructor, and in your academic file in the MBA Office.**