

**APPROVAL FORM FOR INDEPENDENT STUDIES**  
(PHL 485)

DEPARTMENT OF PSYCHOLOGY AND PHILOSOPHY  
SAM HOUSTON STATE UNIVERSITY

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The purpose of this form is to provide for accountability in the conduct of independently arranged studies. Approval of the Department Chair is required prior to registration for the course.

COURSE TITLE:

SEMESTER:

CID #:

SECTION #:

COURSE DESCRIPTION: (Please provide a reasonably detailed account of the proposed course of study.)

STUDENT REQUIREMENTS:

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Student's Printed Name: \_\_\_\_\_ SAM ID # \_\_\_\_\_

Student's Signature/Date: \_\_\_\_\_

Faculty Member's Signature/Date: \_\_\_\_\_

Department Chair's Signature/Date: \_\_\_\_\_

Date entered: \_\_\_\_\_ Initials: \_\_\_\_\_