

**DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY
ILLINOIS STATE UNIVERSITY**

**CLINICAL DOCTORATE IN AUDIOLOGY TERMINAL
EXPERIENCE**

Independent Study Request Form

_____ has permission to enroll in PAS 500 Section ____ for _____
Name Sem/Yr
for two (6) hours under the direction of _____ and
Independent Study Director

Second Faculty Reader

Topic/Title: _____

Brief Description: _____

SHORT TERMS

NOTE: The first four sorts are required. The “Other” sorts are optional. You may use one, both, or neither of the “Other” sorts.

Student’s Major: Audiology

Type: _____

Age: _____

Area: _____

Other : _____

I.S. Director’s Signature

Second Faculty Reader’s Signature

Department Chairperson’s Signature

Date