

**MERCY COLLEGE OF NORTHWEST OHIO  
INDEPENDENT STUDY PROPOSAL**

\_\_\_\_\_ Term

Student Name: \_\_\_\_\_

SS#

Course Number: \_\_\_\_\_ No. of Credit Hours: \_\_\_\_\_

Course Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date

Instructor Approval: \_\_\_\_\_

Date

Division Director Approval: \_\_\_\_\_  
(Degree Program)

Date

Division Director Approval: \_\_\_\_\_  
(Content Area)

Date

Please attach the course proposal.