



# HEBREW THEOLOGICAL COLLEGE

A MEMBER OF TOURO UNIVERSITY

## Office of the Registrar

### REQUEST FOR INDEPENDENT STUDY

**Student Name:** \_\_\_\_\_ **Semester/Year:** \_\_\_\_\_

**T-ID Number:** \_\_\_\_\_ **Number of Credit Hours:** \_\_\_\_\_

**Course Code:** \_\_\_\_\_ **Course Title:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

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

**Dean's Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructor's Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ENTERED:** \_\_\_\_\_