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**INDEPENDENT STUDY PETITION**

Student \_\_\_\_\_ ID # \_\_\_\_\_

Program \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Course Number/Title \_\_\_\_\_

Supervising Professor: \_\_\_\_\_

Semester: \_\_\_\_\_

**Approvals:**

\_\_\_\_\_  
 Student

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervising Professor

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 PhD Program Director

\_\_\_\_\_  
 Date

Please return this form with all of the above signatures and a detailed syllabus to PhD Programs Office. Upon final approval, as designated by the signatures, registration for the course will be completed by the Registrar's Office. Requests for Independent studies must be submitted by the time of registration for the semester the course will be taken.