UNIVERSITY OF PITTSBURGH
JOSEPH M.KATZ
GRADUATE SCHOOL
OF BUSINESS

# Independent Study Request Form

| Last Name | First Name | Student ID |
|---|---|---|

| Student Signature | Date |
|---|---|

This form should be completed if you would like to pursue an independent study while at the Katz Graduate School of Business.

| Topic/area (e.g., Marketing, Finance, Strategy) | Credits |
|---|---|

| Academic term and year to apply the independent study | Course |
|---|---|

**Please indicate the nature and objective of the independent study, the materials to be used, and/or tasks to be completed and the basis for evaluation.**

**Faculty use only**

| Faculty Name | Faculty Signature | Date |
|---|---|---|
| Area Director Name | Area Director Signature | Date |

**Office of Student Services use only**

| Approval/Signature of the Director of MBA Student Services | Date |
|---|---|