AMERICAN ACADEMY OF AUDIOLOGY
Independent Study Program Approval Form

This form is to be submitted no later than 28 days in advance of the Program.

Name: ________________________________________________________________

Address: ______________________________________________________________________

City: ___________________________ State: _____ Zip: __________

Phone: ___________________________ Fax: ___________________________

E-mail: ______________________________________________________________________

Course Title: ______________________________________________________________________

Date (s): ______________________________________________________________________

Sponsoring Organization: ______________________________________________________________________

1) Needs Assessment: Why have you decided to participate in the above course? What needs do you foresee will be met as a result of participating in this course?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2) What learning outcomes will you be able to demonstrate as a result of taking this course?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
3) Please list or attach a list of instructional personnel involved in this course along with their affiliations.
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
4) Attach a copy of the brochure or program describing the instructional activities in which you will be participating.

5) Number of CEUs to be earned: _________

6) Keep a copy of this form for your records and to assist you with completing the Independent Study Form following the program.

7) Please send this form and a check for the independent study fee ($50) to:
   American Academy of Audiology
   Independent Study
   11480 Commerce Park Drive, #220
   Reston, VA 20191