APPLICATION FOR ENROLLMENT IN AN INDEPENDENT STUDY

NOTE: Refer to the bulletin for your school to see if you are eligible to enroll for an independent study course. This form must be turned in with your registration form at the time that you register.

Student: ___________________________ School of Enrollment: ___________________________

Student ID# “ _______ Dept & Course # ___________________________ Credit hrs. _______

Year & Term Fall ____ Spring ____ Summer I ____ Summer II ____ Summer III ____ All summer ____

Plan of work: _____________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

If your school requires a more detailed description, please fill in space below:
Purpose: _____________________________________________________________
Rationale: _____________________________________________________________
Activities: _____________________________________________________________
Results: ________________________________________________________________

COURSE TITLE IS TO BE FILLED OUT BY THE DEPARTMENT CHAIRPERSON/INSTRUCTOR
A brief phrase describing the project is to be used as the course title. (Limit of 24 total spaces)

_________________________________________________________________________

_________________________________ Approval of Department Chair

_________________________________ Approval of Dean/Date

_________________________________ Instructor’s ID#