

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)

\_\_\_\_\_

\_\_\_\_\_  
Signature of student/Date

\_\_\_\_\_  
Approval of Department Chair

\_\_\_\_\_  
Name of instructor (please print)

\_\_\_\_\_  
Approval of Dean/Date

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Instructor's ID#