

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#