U of L COLLEGE OF ARTS & SCIENCES

APPLICATION FOR ENROLLMENT IN AN **INDEPENDENT STUDY, INTERNSHIP,** OR **RESEARCH COURSE**

Student _____ **School of Enrollment** _A&S_

Student ID# _____   **Dept/Course** _____   **Credit hours** _____

Independent Study   **Internship**   **Research**   **Undergraduate**   **Graduate**

Semester or Term: _____   **Year:** _____

Plan of work, including a description of the project and how the student will be evaluated:

Course Title (limited to 30 total characters)

Signatures

Student		
Instructor		Instructor's Printed Name and ID#
Undergraduate/ Graduate Advisor		Prerequisites: met waived
Department Chair		
Dean's Office		