**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:** AS

**Student ID#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dept & Course #** SOC 702 **Credit hrs.** \_\_\_\_\_\_\_\_\_

**Year & Term** Fall \_\_\_\_ Spring \_\_\_\_ Summer I\_\_\_\_ Summer II \_\_\_ Summer III\_\_\_\_ All summer \_\_\_\_\_

**Plan of work:**

**COURSE TITLE** IS TO BE FILLED OUT BY THE DEPARTMENT CAHIRPERSON/INSTRUCTOR

A brief phrase describing the project is to be used as the course title. (Limit of 24 total spaces)

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Signature of student/Date Approval of Department Chair

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Name of instructor (please print) Approval of Dean/Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Instructor Instructor’s ID#