

APPLICATION FOR ENROLLMENT IN AN INDEPENDENT STUDY/RESEARCH

Student Name: _____ School of Enrollment: _____

Student ID#: _____ Dept. & Course #: _____ # credit hours: _____

Term (F,S,U) & Year: _____

Plan of Work:

Purpose (optional): _____

Rationale (optional): _____

Activities (optional): _____

Results/Deliverables (required): _____

COURSE TITLE IS TO BE ENTERED BY THE DEPARTMENT CHAIR OR INSTRUCTOR

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

Signature of student and date

Signature of Department Chair or Designee

Name of Instructor

Prerequisites met? (dept chair initials): _____

Signature of Instructor

Signature of Dean or Designee and date

Instructor ID#