TO THE STUDENT: This form must be completed and returned to the Registrar's Office no later than the last day of Add/Drop.

R# ___________________ NAME ___________________ PHONE# ___________________

Title of Independent Study: IS: ___________________ (19 characters only)

Dean's Checklist:

☐ UG Semester Limit (4 cr.)
☐ UG Career Limit (8 cr.)
☐ Academic Standing (GPA>2.0)
☐ GR Semester Limit (6 cr.)
☐ Contract

SUBJ: _______ LEVEL: 100 200 300 400 500 600 CREDITS: _______

(CIRCLE COURSE LEVEL)

Student’s Signature

Instructor’s Name(Print)

Instructor’s Signature

Graduate Program Director

Dean’s Signature