INDEPENDENT STUDY REGISTRATION FORM

FALL _______ SPRING _______ SUMMER _______

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)

SUBJ: __ __ __  LEVEL: 100 200 300 400 500 600  CREDITS: ______

(CIRCLE COURSE LEVEL)

Dean’s Checklist:

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

Student’s Signature ______________________

Instructor’s Name(Print)__________________

Instructor’s Signature ____________________

Graduate Program Director ______________________

Dean’s Signature ______________________