



**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)

**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 \_\_\_\_\_