

**Permission to Enroll for
INDEPENDENT STUDY**

***TO BE COMPLETED AND SUBMITTED WITH STUDENT REGISTRATION FORM**

Student name (last, first)

901 No.

Student's Degree Program

Semester/Year

Course Number

Credit Hours

Instructor

Specific Title
of Ind. Study

Specify why
Independent
Study is
necessary.

Describe content and objectives of course, major assignments, method of evaluating student's work, and any arrangements between the student and faculty member for completion of course (or attach a syllabus).

Date of Completion of Independent Study course:
(no later than the end of the current term)

Date

Above terms agreed to:

Student _____

Date _____

Instructor _____

Date _____

APPROVAL:

Chair/Division Head _____

Date _____

Academic Dean _____

Date _____

Graduate Dean (if graduate course) _____

Date _____