INDEPENDENT STUDY REGISTRATION

Return to the Student Services Center or the Registrar's Office no later than the last day to add classes for the term.
(See Semester Class Schedule for exact date).

PRINT: Last Name **First Name** **Local Phone Number** **ID#**

_____ _____/_____ _____ _____

Course Title *(provide short title for independent study/Internship/Practicum) ***Course Prefix Course #** ***# of Credits** **Term/Year**

_____

Agency/Location of Internship/Practicum

□ Internship □ Practicum □ Thesis (GR only) □ Independent Study
□ Regular course as Independent Study
*Refer to current catalog for course prefix, course #, & # of credits allowed.

_____ _____

Instructor Signature/Printed Name **Department Chair or Dean Signature/Printed Name**

_____ _____

Date **Date**

We will accept this card only if each line is filled in.
Complete one card for each Independent Study Registration.
R/O 6/28/11 ***It is the responsibility of the student to submit this card to the Student Services Center.***

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