

STUDY AWAY 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).

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

*Course Title (provide short title for Study Away)

_____/_____
*Course Prefix Course # *# of Credits Term/Year

*Refer to current catalog for course prefix, course #, & # of credits allowed.

Location of Study Away

Instructor Signature/Printed Name

Wang Center for Global Education Advisor 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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