



INDEPENDENT STUDY REGISTRATION FORM

Independent Study Course #: _____ Section: _____ Number of Credits: _____

Semester/Year of Independent Study: _____ CRN _____

Name: _____ Student ID #: _____

Degree Program: _____

Description of project

Description of how this will be conducted:

How this project will be evaluated or graded: _____

Student Signature: _____ Date: _____

Signature of Sponsoring Faculty Member: _____

Approval/Non-approval of Department Chair: _____

Original: Student file

cc: Independent Study file
Sponsoring Faculty Member