

**CENTER FOR ACADEMIC EXCELLENCE
UNIVERSITY HONORS PROGRAM**

PERMISSION TO ENROLL IN INDEPENDENT STUDY
(Independent Study for Honors credit typically occurs on projects that do not fall specifically within an individual department's curriculum)

Student's Name _____ MUID No. _____

Student's Degree Program _____ Semester/year _____

Course Number _____ Credit Hours _____ Instructor(s) _____
(Honors independent study designators are Hon 485, 486, 487, and can be used for 1-4 hours)

Specify why Independent Study is necessary:

Describe content and objectives of course, major assignments, method of evaluating student's work, and any arrangements between student and faculty member for completion of course (use back of form, if more room is needed, or attach a syllabus).

Date of completion of course: _____
(no later than the end of the term during which the course will occur)

ABOVE TERMS AGREED TO:

Student Date

Instructor Date

Instructor (if co-sponsored) Date

APPROVAL:

Chair/Honors Council Date

Executive Director/CAE Date

Photocopy kept by each signatory. Original retained in student's file in CAE (230 OM). Student registers for Independent Study with Overload Slip signed by Honors Council Chair or CAE Executive Director.