**MARSHALL UNIVERSITY PERMISSION TO ENROLL FOR**

**INDEPENDENT STUDY (NOTE: this form can be obtained at www.marshall.edu/commstu/)**

|  |  |
| --- | --- |
| STUDENT NAME: | MU 901#: |
| STUDENT’S DEGREE PROGRAM: | SEMESTER/YEAR: |
| COURSE NUMBER: | CREDIT HOURS: |
| INSTRUCTOR: |
| SPECIFIC TITLE:  |
| 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 (or attach syllabus). |
| DATE OF COMPLETION OF COURSE (No later than end of current term): |
|  |
|  STUDENT SIGNATURE: DATE: |
|  FACULTY SIGNATURE: DATE: |
| APPROVAL: |
|  CHAIR SIGNATURE: DATE: |
|  ACADEMIC DEAN SIGNATURE: DATE: |
|  GRADUATE DEAN SIGNATURE (if Graduate Course) DATE: |
| Photocopy kept by each signatory; Original retained in student’s file in Dean’s office; Student registers for Independent Study with Overload slip. |

02/09/2012 las