**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