

**Permission to Enroll for  
INDEPENDENT STUDY**

**\*TO BE COMPLETED AND SUBMITTED WITH STUDENT REGISTRATION FORM**

Student name (last, first)

901 No.

Student's Degree Program

Semester/Year

Course Number

Credit Hours

Instructor

Specific Title  
of Ind. Study

Specify why  
Independent  
Study is  
necessary.

Describe content and objectives of course, major assignments, method of evaluating student's work, and any arrangements between the student and faculty member for completion of course (or attach a syllabus).

Date of Completion of Independent Study course:  
(no later than the end of the current term)

Date

Above terms agreed to:

Student \_\_\_\_\_

Date \_\_\_\_\_

Instructor \_\_\_\_\_

Date \_\_\_\_\_

APPROVAL:

Chair/Division Head \_\_\_\_\_

Date \_\_\_\_\_

Academic Dean \_\_\_\_\_

Date \_\_\_\_\_

Graduate Dean (if graduate course) \_\_\_\_\_

Date \_\_\_\_\_