

Marshall University
Permission to Enroll for
UNDERGRADUATE INDEPENDENT STUDY
*To be completed and submitted with student registration form

Student Name (last, first) ID#

Student's Degree Program Semester/Year

Course Credit Hours Instructor

Specific Title of Independent 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 (if needed attach additional information or a syllabus).

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

Date _____

Above term agreed to:

Student	_____	Date	_____
Instructor	_____	Date	_____
Director	_____	Date	_____
Academic Dean	_____	Date	_____