

Permit to Register for Independent Study

This form must be signed by the student, the supervising instructor and the appropriate department chair. Completed form should be submitted to the Office of the Registrar (WYLL D187) by the add deadline for the term to officially register. Forms received without all required signatures and information will NOT be processed.

Student's Name:					_ TERM: Spring / Summer / Fall / Winterim 20			
		Last	First	MI				
Student Ide	entificatio	on Number.		F	Phone: ()		<u></u>
	Subject	(ie. ENGL)	Catalog Nbr	Section Nb	r	Credits	Audit	
			9 9					
		Number (4 digits) Class Number mu	st be provided to pro	ocess class en	rollment.			
TITLE OF	PROJEC		WILL NOT BE PROCESSE		PARTS ARE CO	OMPLETED. ***		
_ (TITLE IS L	_ .IMITED 1	_ TO 30 CHARACTERS	 including SPACES - A	_ ABBREVIATE IF	 NECESSARY	 ')	_	
Brief Des	cription	of Proposed Pro	oject:					
Basis for	Final G	rade (assignmer	its, projects, etc.):					
	v (by filing	the appropriate form with	he semester due date OR in the Office of the Registra					
Student's S	Signature		 Date					
Supervising	g Instruct	or's Signature	 Date	Supervisin	g Instructor's	Name (Please	e print)	
Department	t Chair's	Signature	 Date					