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: __________________
________________________ First________ MI

Student Identification Number: __________________________ Phone: (_______)________________________

<table>
<thead>
<tr>
<th>Subject (ie. ENGL)</th>
<th>Catalog Nbr</th>
<th>Section Nbr</th>
<th>Credits</th>
<th>Audit</th>
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Enter Class Number (4 digits) ___ ___ ___ ___

*Important: Class Number must be provided to process class enrollment.*

***THIS FORM WILL NOT BE PROCESSED UNLESS ALL PARTS ARE COMPLETED.***

TITLE OF PROJECT/STUDY (to be listed on student's transcript):

(TITLE IS LIMITED TO 30 CHARACTERS including SPACES - ABBREVIATE IF NECESSARY)

Brief Description of Proposed Project:

Basis for Final Grade (assignments, projects, etc.):

I agree to pay the tuition/fees for this class by the semester due date OR if registering later, within one week of registration. I understand that if I officially drop/withdraw (by filing the appropriate form with the Office of the Registrar) and I have not paid fees and assessments, I will be obligated for the fees and assessments in effect on that date.

_________________________________________ __________
Student's Signature Date
_________________________________________ __________ ____________________________________________________
Supervising Instructor's Signature Date Supervising Instructor's Name (Please print)

________________________________________ __________
Department Chair's Signature Date