



Registration in a Special Course

Name _____ Student ID# _____

Date _____ Course to be taken during term: _____ Year: _____

Number of credits earned toward your degree: _____

Type of course: Independent Study (a course number XXX 490/590)

A course taken independently (a course listed/described in the catalog)

Course Number _____ Course Title _____ Credit Hours _____

Date course begins: _____ Date course ends: _____

Reason for taking this course in the manner: _____

Brief description of course with a **syllabus attached for an independent study course (XXX 490/590):**

Total hours registered after adding course: _____

Please obtain signatures in the following order:

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Instructor of Course _____ Date _____

Department Chair of Instructor of course _____ Date _____

Dean Signature _____ Date _____