



Registration in a Special Course

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Date \_\_\_\_\_ Course to be taken during term: \_\_\_\_\_ Year: \_\_\_\_\_

Course to be taken during: \_\_\_\_\_ 1st eight week \_\_\_\_\_ 2nd eight week \_\_\_\_\_ full semester

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 \_\_\_\_\_

Instructor Name: \_\_\_\_\_

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 \_\_\_\_\_