



PERMISSION TO REGISTER FOR INDEPENDENT STUDY

Full Legal Name: _____ Student ID #: _____
Last First Middle

E-mail Address: _____ Telephone #: _____

Course: _____
Term (e.g., Fall) Year CRN Course Prefix and Number Section Instructor Sem. Hrs. Credit

Research Topic: _____
Form will not be accepted without topic.

ALL SIGNATURES ARE REQUIRED

Student Signature Date Instructor Signature Date

Dean or Department Head Signature Date Graduate Dean Signature (Graduate Students Only) Date

URO 7/2009