

This form must be submitted to the Office of the University Registrar with a Registration form or Schedule Change Request form and all required signatures. Independent study forms must be submitted to the University Registrar's office before end of drop/add.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date

**Term:**

\_\_\_ Fall

\_\_\_ Spring

\_\_\_ Summer 12 week

**Subterm (if applicable):**

\_\_\_ Term I

\_\_\_ Term II

\_\_\_\_\_  
Major

\_\_\_\_\_  
Student ID Number

\_\_\_\_ Course Prefix    \_\_\_\_ Course Number    \_\_\_\_ Course Section

Section X = 1 credit

Section Y = 2 credits

Section Z = 3 credits

Section V = 4 credits or more

\_\_\_\_ Number of Credits

Title of course (Do not use "Independent Study") \_\_\_\_\_

Year: \_\_\_\_\_

Instructor Name (Please Print) \_\_\_\_\_

## Approval Signatures

\_\_\_\_\_  
Instructor Signature

Date

\_\_\_\_\_  
Student Accounts

Date

\_\_\_\_\_  
Department Official Signature

Date

\_\_\_\_\_  
Office of the Registrar Signature

Date