

# INDEPENDENT STUDY REGISTRATION

Return to the Student Services Center or the Registrar's Office no later than the last day to add classes for the term.  
(See Semester Class Schedule for exact date).

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**PRINT: Last Name**

**First Name**

**Local Phone Number**

**ID#**

\_\_\_\_\_  
\*Course Title (provide short title for independent study/Internship/Practicum)

\_\_\_\_\_/\_\_\_\_\_  
\*Course Prefix Course #

\_\_\_\_\_  
\*# of Credits

\_\_\_\_\_  
Term/Year

\_\_\_\_\_  
Agency/Location of Internship/Practicum

Internship    Practicum    Thesis (GR only)    Independent Study  
 Regular course as Independent Study\*  
(\*Refer to current catalog for course prefix, course #, & # of credits allowed.)

\_\_\_\_\_  
Instructor Signature and Printed Name

\_\_\_\_\_  
Department Chair or Dean Signature and Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*We will accept this card only if each line is filled in.  
Complete one card for each Independent Study Registration.*

R/O 2/7/14

*It is the responsibility of the student to submit this card to the Student Services Center.*