

Independent Study Form 115

Used for independent study course registration for online or on campus courses. Form must be submitted to the Registrar's Office for processing before the last day of the add/drop period.

Name: _____ Date: _____

Student ID# _____ Phone: _____

Address: _____

Email Address: _____

Independent Study Course Registration:

I wish to register for the following course(s):

Term: Fall _____ Winter _____ Spring _____ Summer _____

Course Number: _____ Number of units: _____

Course Title: **Independent Study** or specify: _____

Project Name: _____

Student Signature: _____ Date: _____

Program Approvals - Required:

Faculty name: _____

Faculty signature & Date: _____

Program Chair signature & Date: _____

Required for HR

**Return completed form to the Registrar's Office **

Office Use Only

Approvals: (Reviewed and Processed)

DSO: _____ Date: _____

Office of Registrar: _____ Date: _____

Financial Aid Office: _____ Date: _____

Accounting Office: _____ Date: _____

Registrar's Office will notify Human Resources for faculty contract.