



## INDEPENDENT STUDY REGISTRATION

(USE THIS FORM ONLY FOR AN INDEPENDENT STUDY. DO NOT ENTER COURSE ON ADD-DROP FORM. FORM MUST BE TYPED EXCLUDING SIGNATURES SUBMIT FORM TO YOUR HOME DEPARTMENT. )

### PART 1 - TO BE COMPLETED BY STUDENT. RETURN TO YOUR DEPARTMENT

Student ID Number: \_\_\_\_\_ Year: \_\_\_\_\_ Fall/Spring/Summer  
(Circle one)

E-mail: (please print) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

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

Instructor ID: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_  
(Department that the independent study is under)

Department Signature: \_\_\_\_\_  
(Department that the independent study is under)

Home Department Signature: \_\_\_\_\_  
(Last signature to obtain for submittal to Student Affairs)

### PART 2 - TO BE COMPLETED BY INSTRUCTOR

Year: \_\_\_\_\_ Fall/Spring/Summer Credit Hours: \_\_\_\_\_ Course ID: \_\_\_\_\_  
(Circle one) (Example – GCHB 7990 or GCHB 8990)

Course Start Date: \_\_\_\_\_ Course End Date: \_\_\_\_\_

Specific Title:  
(ONE CHARACTER PER BOX- CANNOT EXCEED 30 CHARACTERS INCLUDING SPACES)

### PART 3 - TO BE COMPLETED BY SPHTM STUDENT AFFAIRS.

COURSE CRN: \_\_\_\_\_ SECTION NUMBER: \_\_\_\_\_