



Directed Independent Study Registration

- **Submit to the Office of the Registrar:** completed Independent Study Registration Form
- **Submit to the Office of Academic Affairs:** syllabus with meeting times and method of communication with student

Student ID: _____ Academic Year/Term: _____

Student Name: _____
Last First

Prefix	Number	Course Title	Credit
--------	--------	--------------	--------

Course Instructor (if not typing, print clearly) _____

Required signatures:

Student _____	Date _____
Advisor _____	Date _____
Instructor _____	Date _____
Dean _____	Date _____
Registrar _____	Date _____

For Instructor's Use:

Course Dates: Begin _____ End _____

Learning Activities and Completion Dates: