INDEPENDENT STUDY REGISTRATION FORM

This is a permission of instructor course. To register, you must submit this form completed and signed by both yourself and the faculty who will supervise your independent study.

STUDENT NAME: ____________________________________________

STUDENT ID NUMBER: _______________________________________

FACULTY OVERSEEING INDEPENDENT STUDY: ____________________

NUMBER OF CREDIT HOURS (1-3): __________

SEMESTER (circle one): FALL SPRING SUMMER

YEAR: _______________________________________________________

TITLE OF PROJECT (Optional): _________________________________

By signing below, I acknowledge that:

- I understand that this is a project course to be done as individual study and the above mentioned professor has agreed to grade this course, and

- I understand that IE4785 may be taken for a maximum of 6 credit hours total (with at most 3 credit hours per section), that different sections must cover different topics, and that I am responsible for ensuring this limit is not violated

STUDENT SIGNATURE: __________________________ Date: __________

PROFESSOR’S SIGNATURE: __________________________ Date: __________