



Independent Study Registration
OFFICE OF THE REGISTRAR
(please use blue or black pen)

For Term: \_\_\_\_\_ CRN #: \_\_\_\_\_ Delivery Location: \_\_\_H \_\_\_GF \_\_\_LWT \_\_\_WEB

Course Prefix: \_\_\_\_\_ Course No.: \_\_\_\_\_ Course Name: \_\_\_\_\_ Credits: \_\_\_\_\_

Student Name (please print) \_\_\_\_\_ Student ID: \_\_\_\_\_

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

If this is a regular University course, write its course number and title here: \_\_\_\_\_

Course Objectives (or attach syllabus)

Course Assessment (or attach syllabus)

Required Textbook(s) and/or Materials (or attach syllabus)

Briefly describe the need for the independent study

Required Signatures:

Student \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Date \_\_\_\_\_

Dean or Director \_\_\_\_\_ Date \_\_\_\_\_

Provost and Vice Chancellor for Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_

Registrar's Office use only: Course entered into Banner by: \_\_\_\_\_ Date: \_\_\_\_\_
Date Student was registered: \_\_\_\_\_