

IMPORTANT NOTE: THIS FORM WILL NOT BE ACCEPTED AFTER THE SECOND WEEK OF THE SEMESTER

Complete this form in INK only please.

<i>Please register the student named below for Independent Study</i>				
Independent study course information:				
Course Code:		Course Name:		Credits:
Student's last name:				
Student's first name and MI:				
Student was admitted in:		Fall: <input type="checkbox"/>	Spring: <input type="checkbox"/>	Year:
Major:				
Independent study Supervisor:		(Sign)		
		(Print)		Date:
Description of work to be done, include appropriate level of detail (ABET required): Do not staple descriptions anywhere on this page.				
Student's local address:				
Student's email and phone:				
Semester in which this course will be taken:		Fall: <input type="checkbox"/>	Spring: <input type="checkbox"/>	Summer: <input type="checkbox"/>
				Year:
Total Semester Credits (including this course) _____				
If this credit total is over 20.5, your faculty advisor must approve the overload <u>before</u> you submit the form to the Dean's Office.				
Student's Faculty Advisor (if an overload request)		(Sign)		
		(Print)		Date:
Dean's office:		(Sign)		
				Date: