Registration Form for Independent Study

Fill out the following information, collect the required signatures, and return this form to the graduate secretary to complete the registration process.

Student Name: ________________________________________________

Student ID: ___________________________________________________

Please check the course for which you are enrolling:

_____ History 521: MA Readings
_____ History 591: Foreign Studies
_____ History 592: Off-Campus Studies
_____ History 593: Independent Studies
_____ History 621: Directed Readings for the Comprehensive Exams

Semester/year the course will be taken: _____________________________

Number of hours for which you are enrolling (the default is 3): ____

Describe the topic or focus of the proposed course in the box below:

________________________________________________________________________

Student’s Signature: _________________________________________________

Professor’s Signature: _______________________________________________

Professor’s Name (please print): ________________________________