

Date _____

Independent Study Permission Form

Name _____

Last

First

Middle

U of U ID# _____

The above named student has permission to register for the following:

Semester/Year: _____ / _____

Department/Course Number: _____ / 7910

Credit Hours: _____

Professor

Name: _____ Signature: _____

Department Chair

Name: _____ Signature: _____

Approved by Director of Graduate Studies

_____ Rachel Hayes Signature: _____

Instructions for completing this form:

Student:

1. Please type in the requested information.
2. Attach a one page description of your proposed project. The description must include an abstract, as well as an outline detailing how you plan to accomplish your objectives.
3. Obtain the professor and department chair signatures.
4. This form must be submitted to the PhD Office by the student, not by their department.
5. The deadline for submitting this form to the PhD Office is **Wednesday** of the first week of classes at **5:00pm**.

PhD Office:

1. The PhD Office will get the signature of the Director of Graduate Studies.
2. The PhD Office will create the course and will register you for the course.