

APPROVAL FORM – INDIVIDUAL STUDY

St. Cloud State University

Please check the type of course for which you are registering:

_____ Independent Study (199, 299, 399, and 499, 890)

_____ Special Problem (400 or 600)

_____ Arranged Course (see Bulletin for course number and title)

_____ Internship (see department for course number)

_____ 501 Course (must be approved by Graduate Dean)

_____ Thesis (699)

_____ Dissertation (899)

_____ Selected Topics (790 – 795)

This form is an agreement between the student and the university that specifies the content and the obligations of this enrollment. **The items below MUST be completed in order for your registration to be processed.** NOTE: Credits specified must concur with curriculum guidelines. All 501 courses must be approved by the Graduate Dean.

E-mail address: _____

--	--	--	--	--	--	--	--	--	--

 Phone: _____
SCSU ID (Tech ID)

Student's Name: _____
(PLEASE PRINT) Last First Middle

Course: _____ Department Number Credits Fall Spring Summer
(Circle One)

	-	
--	---	--

Indicate meeting dates (required)

Title _____
(Required for Independent Study, Special Problems and Topics.)

Independent Study/Special Problem/Thesis Description: _____

Internship Site: _____

Supervisor's Name: _____

Assignments: _____

Schedule: _____

Evaluation and Grading Procedures: _____

INSTRUCTOR USE ONLY:	
Grading option must be checked.	
_____ ABCDF	_____ S/U

Required Signatures:

1. _____
Student Signature (PRINT) Date

2. _____ (_____) _____
Instructor Signature Instructor ID# (PRINT) Date

3. _____
Department Chairperson Signature (PRINT) Date

4. _____
Graduate Dean Signature (501 Course) (PRINT) Date

Course ID: _____

Student must register online for course within two weeks. E-mail will be sent to student with course ID (cc to instructor).