APPROVAL FORM – INDIVIDUAL STUDY

St. Cloud State University

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

_____ **Independent Study (199, 299, 399, 499)**
_____ **Special Problem (400 or 600)**
_____ **Arranged Course (see Bulletin for course number and title)**
_____ **Internship (see Department for course number)**
_____ **Thesis (699)** _____ **501 Course**

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: _____ | | | | | | | | | SCSU ID (Tech ID) Phone: _____

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

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

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Indicate meeting dates (required).

Title _____
(Required for Independent Study and Special Problems)

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 (PRINT) Date

3. _____
Department Chairperson Signature (PRINT) Date

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

Course ID: _____
(Created by Office of Registration)

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