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)*
- ☐ *501 Course (must be approved by the School of Graduate Studies)*
- ☐ *Individual Special Topics (use department course number)*

This form is an agreement between the student and the university that specifies the content and the obligations of this enrollment. <u>The items below MUST be completed in order for your registration to be processed.</u> The Student must register online for the course within two weeks of the email notification. E-mail will be sent to the student with the course ID (cc to instructor). NOTE: Credits specified must agree with curriculum guidelines. All 501, 790 - 795 courses must be approved by the Graduate Dean.

****** Please allow 5-7 Business days for processing******

☐

SCSU ID (Tech ID)

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

E-mail address: _____ Phone: _____

Course: _____ _____ _____ ☐Fall ☐Spring ☐Summer _____
Department Number Credits (Check One) Yr.

☐ - ☐

<u>Indicate meeting dates (required)</u>

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

Assignments: _____

Schedule: _____

Evaluation and Grading Procedures: _____

_____

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

<u>Required Signatures:</u>

1. _____ _____ _____
   Student Signature (PRINT) Date
2. _____ __(_____)__ _____ _____
   Instructor Signature **Instructor ID#** (PRINT) Date
3. _____ _____ _____
   Department Chairperson Signature (PRINT) Date
4. _____ _____ _____
   Graduate Dean Signature (501, 790-795 Courses) (PRINT) Date

Course ID: _____