201 Science Drive • Durham, NC 27708

GRADUATE STUDENT INDEPENDENT STUDY PERMISSION FORM

To the student: This form must be approved and signed by the supervising faculty member, the instructor (if different from supervising faculty member), and submitted to the Director of Graduate Studies, (Mac McCorkle (MPP), Cory Krupp (MIDP), Ken Dodge (Ph.D) before the end of the drop/ add period. Once form is complete return to Sanford Registrar, Anita Lyon, 108 Rubenstein Hall.

Student Name: _____ Date _____

Email: _____ Student ID (not unique ID) _____

Telephone # _____ Graduation Date: _____

Academic Plan: MPP MIDP Ph.D Other (please specify)

Course Subject / Number: _____

Term / Year: Fall ___ Spring ___ Summer (I) ___ (II) ___ Full___

Special reading 792 MPP/PhD students only variable credit; please indicate credit ___

Research Topics 786 MIDP students only variable credit; please indicate credit ___

Title of Independent Study _____

Short Title _____
(to be listed on transcript; limit 30 characters, including spaces)

Supervising Faculty Member _____

Academic Title _____

_____ Date _____
Signature of Student

Approval Signatures:

_____ _____ Date _____
Supervising Faculty Member (print name) Signature

_____ _____ Date _____
Director of Graduate Studies (print name) Signature

ASSIGNED COURSE AND SECTION NUMBER: _____

ASSIGNED PERMISSION NUMBER: _____