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: __________________________________