

### 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 \_\_\_\_\_

\_\_\_\_\_  
Signature of Student                      Date \_\_\_\_\_

**Approval Signatures:**

\_\_\_\_\_  
Supervising Faculty Member (print name)                      Signature                      Date \_\_\_\_\_

\_\_\_\_\_  
Director of Graduate Studies (print name)                      Signature                      Date \_\_\_\_\_

ASSIGNED COURSE AND SECTION NUMBER: \_\_\_\_\_

ASSIGNED PERMISSION NUMBER: \_\_\_\_\_