INDEPENDENT STUDY REGISTRATION FORM FOR NON-CROSS LISTED COURSE

Use this form ONLY if you are taking a 400-499 level undergraduate course for graduate credit (courses below 400 level are not eligible)

B-Number

Student Name _____ Date _____

Address (local)_____ Phone _____

_____ Email _____

Degree Program: ____ PhD ____ MS ____ MA ____ Non-Matriculated

COURSE YOU ARE REGISTERING FOR

Course Subject (e.g. BIOL, BCHM)_____ Course Number _597__ Credit Hours _____ CRN_____

Grade Option (check one) ____ Normal ____ S/U Semester/Number2.6(u.6(H)Tc 0 T5Change06(d)10.5(D2v0(r5490(pp)]TJ0 -Tc0.02Tw-0.5904 Tw(0)2.3E03

UNDERGRADUATE COURSE

Course Subject (e.g. BIOL, BCHM)_____ Course Number_____ Credit Hours _____ CRN_____