DIRECTED READINGS, INDEPENDENT STUDY, INTERNSHIP, VARIABLE CREDIT APPROVAL FORM

Student must complete two (2) copies of this form. Submit both copies to the supervising instructor and appropriate departmental chairperson for approval. One copy with approval signatures is submitted to the Registrar’s Office when registering for the course, the other copy is maintained in the departmental office.

Student Name: ____________________________________________________________

Student Social Security Number: ____________________________________________

COURSE INFORMATION

Semester/Year of course: Fall 20___ Winter 20___ Spring 20___ Summer 20___

Department
Four Letter
Abbreviation

Course Number

Credit Hours

For Office use only: _________

Print course title as it should print on your transcript (must be 24 spaces or less)

Description of course content (must be completed by students receiving veterans’ benefits):

Name of Supervising Instructor: _____________________________________________

(Please Print)

Signature of Supervising Instructor: _________________________________________

Signature of Department Chair: _____________________________________________

For Instructor/ Department Chair:

Student will receive:  __X__ A standard letter grade of A-F

___ An S/U grade (course must be on approved list of courses for S/U grading)