Directed Readings, Independent Study, Internship, Variable Credit Approval Form

Student must complete this form. Submit 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 ID #_____________________________________________________

Course Information

Semester/Year of course:  Fall 20___  Spring 20____  Summer 20_____

_________  _________  _________
Department  Course Number  Credit Hours

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

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

Name of Supervising Instructor: _____________________________________________

Please Print

Signature of Supervising Instructor: ________________________________  Date __________

Signature of Department Chair ____________________________________  Date __________

For Instructor/Dept. Chair only:

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

_____ An S/U grade (course must be on approved list of courses)