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___

_____	_____	_____	For Office use only: _____
Department Four Letter Abbreviation	Course Number	Credit Hours	

_____

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)