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

Instructions: Student is to complete this form and submit to supervising instructor and appropriate Department Chair for approval and signatures. Original is submitted to the Registrar’s Office for registration. One copy should be maintained in the department.

Student Name: ____________________________________________ Student ID: ______________________

Please select course type:
☐ Directed Readings  ☐ Independent Study  ☐ Internship  ☐ Variable Credit  ☐ Other (please specify) __________________________

Please select Instructional Method:
☐ On-Campus
☐ Fully Online. No face-to-face meetings. (100%)
☐ Fully Online with one face-to-face meeting. (95-100%)
☐ Partially Online (51-94%)

Please select course term and session:
☐ Summer
☐ Session I (May)
☐ Session II (June-July)
☐ Session III (June)
☐ Session IV (July)

☐ Fall
☐ Full Session
☐ Session I
☐ Session II

☐ Spring
☐ Full Session
☐ Session I
☐ Session II

Additional Course Information:
____ DEPT/SUBJ Abbreviation

____ Course Number

____ Credit Hours

Registrar Use Only
CRN: ___________

Print course title as it should appear on student’s transcript (30 character limit): __________________________

______________________________________________________________

Note: Students receiving Veteran’s Benefits must attach a course description of the course content.

For Instructor/Department Chair Only:

Student will receive:
☐ A standard letter grade of A-F
☐ An S/U grade (course must be on approved list of courses for S/U grading)

Supervising Instructor
Printed Name: ____________________________
ID: ______________________________________
Signature: ________________________________

Department Chair
Printed Name: ____________________________
Signature: ________________________________

The signature of the Dean/Desigee is required for the Richards College of Business and School of Nursing.

Signature of Dean/Desigee (RCOB and SON only)