

REGISTRATION FORM AND RECORD OF INDEPENDENT STUDY

Directions:

1. The student must complete the upper portion of the form and obtain all required approvals and signatures.
2. The instructor must complete the course information, and return form to schools (COE, CSE, COB or CHSH).
3. After the form is complete, with all required information, approvals, and signatures, the schools can send the completed form to the Registrar's office, emailed to: **Registrar@uhcl.edu**.

			Semester			Session
	___ UGRAD	___ ND	___ Fall	20___		___ Regular ___ 1st 8weeks
Student ID	___ GRAD	___ DS	___ Spring	20___		___ 2nd 8weeks
Student Name			___ Summer	20___		___ Regular 8-Week
						___ 1st 5-Week ___ 2nd 4-week
Last	First	Middle				

Office of the Registrar Registration Record
 Date:
 Initials:
 Class #:

To Be Completed By Course Instructor

Subject _____ Course # _____

Independent Study: _____ Course Title (limited to 28 characters)

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WRITE A COMPLETE DESCRIPTION OF EXACT NATURE AND CONTENT OF INDEPENDENT STUDY COURSE:

Assignments, including the final product:

Evaluation criteria for assignment of the course grade:

Course completion date: _____ Meeting Schedule: _____

Student Signature Date

Instructor Name (Please Print) Instructor Signature Employee ID Date

Faculty Chair Signature Date Associate Dean Signature Date