Informal Course (Individual Problems or Independent Study) Form

Submit to Department Graduate Studies Office before end of the semester drop/add deadline.

Student Name:________________________ Person No.:______________  
(Please print)

Semester: Fall________ Spring________ Summer________  
(Year) (Year) (Year)

Course Number: _____________ Credit Hours:____________

Supervising Faculty Member: ____________________________________

Grading Scheme: Letter____ or S/U_____

Title of Informal Study:__________________________________________

Description of Informal Study:  
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Student Signature:_________________/____________________/_______  
(Please Print) (Signature) (Date)

Faculty Signature: ___________________/____________________/_______  
(Please Print) (Signature) (Date)

Director of Graduate Studies  
or Chair Signature:_________________/____________________/_______  
(Please Print) (Signature) (Date)

Rev. 10/14