

INDEPENDENT STUDY AUTHORIZATION

Return to: Office of the Registrar, Unit 4077
Wilbur Cross Building, 233 Glenbrook Road
Storrs, Connecticut 06269-4077

Student Name: _____ Student ID: _____

Subject Area: _____ Catalog No: _____ Section: _____ Class No: _____

Maximum units authorized by instructor: _____

Note: Instructor can report number of units actually earned, which may be fewer than, but not exceed, maximum authorized here in writing.

Year: 20____ Fall____ Intersession____ Spring____ May Term____ Summer Session I, II, IV

Name of Project to appear on Transcript: _____
(Please print clearly)

Authorization cannot be processed unless all signatures have been obtained.

Advisor: _____ Date: _____

Instructor: _____ Date: _____

Dept. Head: _____ Date: _____

Dean (if applicable): _____ Date: _____

Students wishing to study a subject independently, for credit, must find an instructor to supervise the project. The instructor and the student then agree on the number of credits the student may earn. The student must complete an Independent Study Form, have it signed and deliver it to the Registrar.

Without special permission, students may not register for or earn toward the degree more than six credits each semester in any one or combination of independent study, special topics, and variable topics courses. To increase this limit, students must consult with their advisor and get the permission of their academic dean.