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.