This form must be used to register for any Watson School Independent Study course. Independent Study courses are identified in the Schedule of Classes and generally bear course numbers in the 90’s; e.g., 395, 497, 599, etc. It is the student’s responsibility to secure all information and signatures required. **If ANY PORTION OF THIS FORM IS LEFT UNFILLED, IT WILL BE RETURNED TO YOU AND YOU WILL NOT BE REGISTERED IN THE SYSTEM FOR THIS COURSE.** You are liable for tuition charges and you must add, change, or drop this course within the legal dates as stated in the Schedule of Classes. If you are taking two or more of the same course (e.g., two CS 97’s), please note this in the appropriate space on this form.

**NOTE:**
- Students in the ECE Department must see their department secretary for an additional form for EECE 497 and EECE 597.
- Students in the ME Department must see their faculty advisor for additional paperwork.
- ENGINET Students must process this form through the ENGINET OFFICE in EB-J21 (1-800-478-0718). All others return this completed form to your department secretary.
- An Audit Exception Form will be required if using this experience as a professional or technical elective.
- Harpur, CCPA, SOM, and SON independent study course registrations must be processed through the appropriate departmental offices in those schools.

**STUDENT B-NUMBER**

Last Name: ____________________ First Name: ____________________

Email: ____________________

**Action to be taken:**  Add ☐  Change ☐  Drop ☐

CRN: ________________  Credit Hours: ________________

**Course name and Course number:** __________________________________________

If 497 or 499 – fill out reverse side

**Semester:**

☐ Fall  Year: 20__
☐ Spring
☐ Summer
☐ Winter

**Office Use Only**

Date Entered: __________________

Entered by: __________________

**Title of Independent Study or Internship** (optional)

Limit of 28 characters; your title will appear on your transcript after grades have been posted

**INSTRUCTOR:** (please print) ____________________

**INSTRUCTOR SIGNATURE:** ____________________  Date: ______________
Check one: _______EECE 497 Plan of Study _______EECE 499 Plan of Research

This will be used to satisfy (check one):

NEITHER (If neither, simply sign and date at the bottom)

OR

Professional Elective

Technical Elective

Statement of work to be done:

______________________________________________________________________

Signatures:

Student: ________________ Date: ________________

Instructor: ________________ Date: ________________

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Department of Electrical and Computer Engineering