

## **DEPARTMENT OF PUBLIC ADMINISTRATION AND POLICY**

**COLLEGE OF COMMUNITY AND PUBLIC AFFAIRS** 

## Independent Study Course Registration Form

Date:	
Name (Please Print):	B#:
Student Signature:	
Phone #:	
Email:	
Semester/year: Fall 20 Spring 20	Summer 20
Course/CRN: Number of cr	edits:
Grading Option: Normal	Pass/Fail or Satisfactory/Unsatisfactory
Title of Independent Study	
(Limit of 30 characters)	
Instructor (Please Print):	
Instructor signature:	

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