Special Problem/Independent Study
TITLING FORM
Office of the University Registrar

Instructions:

1. Register for course
2. Complete all information below.
3. Have instructor sign.
4. Submit form to department overseeing Independent Study

Student Name:_____
(PRINT Clearly) (Last) (First) (M.I.)

EMPLID:_____ **Date of Birth:**_____

Program/Plan:_____ **Term:** _____

Course:

4 Letter Alpha Code Course # Section # Credit Hours

Course Title: ***(Limited to 25 Characters/Spaces)***

Completing this form does *NOT* constitute course registration.

STUDENT MUST SUBMIT COURSE REGISTRATION

Course Titling requires instructor's approval:

_____ _____
Instructor's Name (print) Instructor's Department

_____ _____
Instructor's Signature Date