Request for Registration in Independent/Directed Study Course
COLLEGE OF ARTS & SCIENCE

Student Name: __________________________________ Semester: Fall 2017
Commodore ID: _______________________________ Class: JR_____ SR_____ other**_____

Telephone: _______________________ Email: _______________________@vanderbilt.edu
Course Dept., Course Number: _______________________ Credit Hours: _____________________
Instructor: ____________________________________________________________________________

INSTRUCTIONS FOR REGISTERING:

1. Obtain permission to enroll in an independent study course from the instructor of your choice.

2. Work with the administrative assistant in the department in which you are doing the independent study to be registered in the course before the end of the Change Period.

3. Use this form to make a written study plan detailing the nature of the project and the amount of credit and have it approved by the instructor and the department chair. Submit the form to the department by the 10th day of classes.

**You must be registered for the course prior to the end of the Change Period.**

Please describe the nature of your project: (Be as specific as possible, including required readings, assignments, and the method of evaluation)
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

(continue on back if necessary)

Specify the arrangements and frequency of meetings with the instructor:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Student’s Signature (Date) Instructor’s Signature (Date)

Department Chair or DUS Signature (Date)

**If student is NOT a junior or senior, please list reason for exception:

(continue on back if necessary)