

INDEPENDENT STUDY FORM

To submit the completed form:

In person: Take form to the One Stop for Student Success, Room 101 Campus Ave. Bldg.

By campus mail: Send form to Office of the University Registrar, 301 S. Campus Avenue, Oxford
OH 45056

REGISTRATION IS NOT COMPLETE UNTIL THIS FORM IS SUBMITTED TO THE ONE STOP FOR STUDENT SUCCESS OR THE OFFICE OF THE UNIVERSITY REGISTRAR

STUDENT INFORMATION:

Unique ID: _____	Phone: _____	
Name: _____	_____	_____
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>

COURSE INFORMATION:

Term:	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Course Subject: _____	Course Number: _____	Section: _____	Cr. Hrs: _____	
To be taken: <input type="checkbox"/> Letter grade	OR <input type="checkbox"/> Credit/No-Credit	Change of Hrs: _____	_____	
		<i>(from)</i>	<i>(to)</i>	
Subject of Study: _____				

INSTRUCTOR INFORMATION:

Unique ID: _____	Phone: _____	
Name: _____	_____	_____
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>

REQUIRED SIGNATURES:

Instructor: _____	Date: _____
Dept. Chair/Regional Campus Coordinator: _____	Date: _____