

INDEPENDENT STUDY FORM

Submit the completed form to the One Stop on your campus:

Oxford campus: Room 101, Campus Avenue Building

Hamilton campus: Room 102, Mosler Hall Middletown campus: Room 114, Johnston Hall

Signature:

REGISTRATION IS NOT COMPLETE UNTIL THIS FORM IS SUBMITTED TO THE ONE STOP ON YOUR CAMPUS.

STUDENT INFORMATION:	
Unique ID:	Date: Phone:
Last Name:	First Name:
COURSE & INSTRUCTOR INFORMATION:	:
Term & Year:	VINTER □ SPRING □ SUMMER
Course Subject: Course Number	er: Credit Hours:
Grade Status: ☐ Letter grade OR ☐ Credit/N	o Credit
Subject of Study:	
Instructor	
Unique ID:	Instructor Phone:
Instructor Last Name:	Instructor First Name:
REQUIRED SIGNATURES:	
Instructor Signature:	
Dept. Chair/Regional	
Campus Coordinator	