Graduate Independent Study or Tutorial Study Request Form

Students wishing to enroll for an independent study or on a tutorial program basis must submit this completed form with all required signatures to the Registrar’s Office. Please read the following definitions and complete the appropriate section. You may view completed registrations on web advisor online. Check with the Registrar’s Office for registration deadline.

Name________________________________________ ID ________________________________________

Address _____________________________________________________________________________ Phone# __________________________

Street and Number City/State/Zip

Student Signature ________________________________________________________________________

I accept full financial responsibility for my CLU enrollment, including interest that may accrue on any unpaid balance.

Instructor’s Name ________________________________________________________________________

Reason for Request ______________________________________________________

(A) INDEPENDENT STUDY REQUEST

Research in an area not covered by courses listed in the CLU catalog and always recorded as (dept)________590________

Students may enroll in 1-4 credits with approval of their instructor.

Students are required to submit an outline of their proposed independent study with this completed form to the Registrar’s Office within 15 Days after the start of the semester.

TOPIC OF STUDIES: ______________________________________________________CREDITS (1-4) ______________

(Check One)

Course of Study CSC Economics Education IST MBA MPPA Psychology

Semester Term I-Fall Term II-Winter Term III-Spring Term IV-Summer Year 200____________

(B) TUTORIAL STUDY REQUEST

Courses listed in the catalog but not scheduled in a given semester- Recorded with same title, course number and credits.

Note: The Dean of the School of Education must approve and courses which are applied to a credential.

I WISH TO COMPLETE THE FOLLOWING CLU COURSE ON A TUTORIAL BASIS.

COURSE NO.______________ TITLE_________________________ NO. OF CREDITS (1-4) ______________

(Check One)

Course of Study CSC Education MBA MPPA Psychology

Semester Term I-Fall Term II-Winter Term III-Spring Term IV- Summer Year 200____________

Approved Yes No __________________________________________ Date_________________________

Instructor

Approved Yes No __________________________________________ Date_________________________

Dean/Assoc. Dean