

Form 1 Independent Study Form



THE UNIVERSITY of NORTH CAROLINA
GREENSBORO

PERMISSION TO REGISTER FOR INDEPENDENT STUDY

URO
University Registrar's Office

Today's Date: _____ Full Legal Name: _____
First Middle Last

Student ID #: _____ E-Spartan E-mail Address: _____

Course: _____
Term CRN Dept. Abbreviation Course Number Section Instructor Sem. Hrs. Credit

Research Topic: _____
Form will not be accepted without topic.

All signatures are required:

Instructor Date Dean/Department Head Date

Graduate Dean (Graduate Students Only) Date

White—University Registrar's Office

Yellow—Department

Pink—Instructor

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