OFFICE OF THE REGISTRAR

CHAIR'S SIGNATURE



INDEPENDENT STUDY REGISTRATION

USE THIS FORM ONLY. DO NOT ENTER COURSE ON DROP-ADD FORM.

PART 1 - TO BE COMPLETED BY STUDENT

INSTRUCTIONS- 1. FILL IN ALL PERSONAL INFORMATION

- 2. OBTAIN PERMISSION AND SIGNATURE OF INSTRUCTOR
- 3. RETURN THIS FORM TO DEPARTMENT FOR PROCESSING

(DEPA	RTMENT WILL CREATE COU	URSE AND REGISTER STUDENT	")
NAME:		DA	ATE:
LAST	FIRST		
TULANE STUDENT ID:		COLLEGE:	
YEAR: S= SPRING TERM: M= ST COURSE ID: EXAMPLE: ENGL	TOTAL REGISTERED I	HOURS (INCLUDING THIS COURSE): COURSE CRN: CREDIT HOURS:	
STUDENT'S SIGNATURE	DATE	INSTRUCTOR'S SIGNATURE	DATE
INSTRUCTIONS- 1. RECO		N TO STUDENT LISTED ABOVE N PERTAINING TO THIS SECTIO	
COURSE START DATE:		COURSE END DATE:	
	SPECIFIC TITL	Æ (CANNOT EXCEED 30 SPACES)	
INSTRUCTOR'S NAME:	LAST FII	RST MI	
INSTRUCTOR'S ID:			

DATE