

PERMISSION SLIP FOR:

INDEPENDENT STUDY, INDEPENDENT RESEARCH,
THESIS and SCHOLAR'S HONORS PROJECT PRACTICUM

Instructions:

This form must be signed by the Instructor(s) who will grade this course.

Obtain the appropriate signature(s) and return to Mrs. Sandra Maloney, Registrar's Office

STUDENT NAME

STUDENT ID#

GRAD YEAR

DATE

TERM

MAJOR

PHONE NUMBER (where you can be reached)

____ **PRACTICUM:** Part 1____ Part 2____ Part 3____

Subject Area _____

____ **THESIS:** Part 1____ Part 2____ Part 3____ (1 TERM____)

Subject Area _____

____ **HONORS RESEARCH:** Part 1____ Part 2____ Part 3____

Subject Area _____

____ **RESEARCH:** Part 1____ Part 2____ Part 3____

Subject Area _____

____ **INDEPENDENT STUDY:**

Subject Area _____

____ **SCHOLAR'S HONORS PROJECT PART** 1____ Part 2____ (1 TERM____)

Subject Area _____

Signature of Instructor(s) who will grade this course

Print Instructor(s) Name