

**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\_\_\_

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\_\_\_**

Subject Area \_\_\_\_\_

\_\_\_\_\_  
Signature of Instructor(s) who will grade this course

\_\_\_\_\_  
Print Instructor(s) Name