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 & Course Number ____________________________

_____THESIS: Part 1___ Part 2___ Part 3___ (1 TERM___)
Subject & Course Number ____________________________

_____ HONORS RESEARCH: Part 1___ Part 2___ Part 3___
Subject & Course Number ____________________________

_____ RESEARCH: Part 1___ Part 2___ Part 3___
Subject & Course Number ____________________________

_____INDEPENDENT STUDY:
Subject & Course Number ____________________________

_____SCHOLAR’S HONORS PROJECT PART 1___ Part 2___ (1 TERM___)
Subject & Course Number ____________________________

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Signature of Instructor(s) who will grade this course

__________________________________________
Print Instructor(s) Name 3/2019