

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 _____

Signature of Instructor(s) who will grade this course

Print Instructor(s) Name