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PERMISSION SLIP FOR:
INDEPENDENT STUDY, INDEPENDENT RESEARCH,
THESIS and SCHOLAR'S HONORS PROJECT PRACTICUM

Instructions: Download this form, fill it out, save it then email it to maloneys@union.edu along with permission from the faculty member (s) who will grade you. In lieu of the faculty member's signature, permission can come in the form of an email as long as it comes from their @union.edu account.

_____	_____	_____	_____	_____
LAST NAME	FIRST NAME	MI	STUDENT ID#	CLASS YEAR
_____	_____	_____	_____	_____
TERM	MAJOR	PHONE NUMBER (where you can be reached)		

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

Course Prefix _____ Course Number _____

____ **INDEPENDENT STUDY:**

Course Prefix _____ Course Number _____

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

Course Prefix _____ Course Number _____

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

Course Prefix _____ Course Number _____

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

Course Prefix _____ Course Number _____

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

Course Prefix _____ Course Number _____

Instructor(s) Name (print clearly)

Signature of Instructor(s) who will grade this course