SEATTLE UNIVERSITY
OFFICE OF THE REGISTRAR
901 12th Avenue
P.O. Box 222000
Seattle, WA 98122-1090
(206) 296-2000, Option 3; Fax: (206) 296-2443
Email: registrar@seattleu.edu

INDEPENDENT STUDY, DIRECTED STUDY, or INTERNSHIP REQUEST

(RMRGIS_C)

ONLY FOR COURSES NUMBERED X95, X96, X97, X98, X99

Instructions:

~ Print in Ink ~

1. Arrange course work with the faculty member, determine the appropriate course number (see University Bulletin) and course title.
2. Obtain signatures of the faculty member and the chairperson/dean/associate dean of the department/school in which the study will be done.
3. Present this completed form to the Office of the Registrar, USVC 103, or mail/fax to the address above.
4. The date this *completed* form is received in the Office of the Registrar is considered the effective date of registration.

Student Legal Name: _____ Student ID Number: Your 7 digit SU ID_____
Last First Middle

College or School of major: ____Arts & Sciences_____ Major or Program _____MSAL_____

Class Level: □ FR □ SO □ JR □ SR □ GR □ Post-Bacc □ Non-matric

This is a: □ Independent Study (at level 496 596 696) □ Directed Study (at level 296 396) □ Directed Reading (497)

(circle level) X Internship (at level 495 **595** 695) □ Graduate Project (595) □ Directed Research (498) □ SCE Undergrad Research (499)

To be taken: Year/Term (Fill in year): Fall _____ Winter _____ Spring _____ Summer 8-week _____ Intersession _____
Year Year Year Year Year

Course Subject (e.g. ENGL) _SADL_____ Title _ _ _ _ _ _ _ _internship _
Must not exceed 30 characters in length including spaces

Number of Credits _1-9___ Name of Sponsoring Faculty (print) _____Galen Trail_____

▶ Student Signature: _____ Date: _____

□ This course is a late add. (Replaces the *Petition to the Dean.)*

▶ Dean or Associate Dean signature required: _____ Date: _____

□ This course puts the student in overload. Total number of credits: _____GPA: _____ (Replaces the *Petition to the Dean.)*

▶ Dean or Associate Dean signature required: _____ Date: _____

□ This is a replacement for a course already added to the student's schedule. Drop this course: _____

TO BE COMPLETED BY THE SPONSORING FACULTY:

Course Description (REQUIRED): Attach a copy of the course description.

Grading Option □ Letter □ CR/F A COURSE MAY BE GRADED CR/F ONLY WHEN SPECIFIED IN THE BULLETIN OF INFORMATION

Course usage (check all that apply):

□ This course fulfills the following program requirements. Specify course title or number (e.g. *American Lit* or *Historical Theology* or *HIST 333*):

Major requirement _____ Major elective _____ Minor requirement _____

□ This course fulfills a CORE requirement. Specify (e.g. Senior Synthesis, Ethics, SS-1, etc.): _____

▶ CORE Director signature required_____ Date: _____

I verify that the above named student will meet the appropriate contact hour requirements as described in University Policy 79-2.

▶ Sponsoring Faculty Member's Signature_____ Date: _____

FINAL APPROVAL:

▶ Chair, Dean, or Associate Dean Signature: _____ Date: _____

OFFICE USE ONLY
Section Number: _____
Processed by: _____
Date: _____

DISTRIBUTION: Registrar, Department, Student
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