

## OFFICE OF THE REGISTRAR

901 12th Avenue, HILB 220 P.O. Box 222000 Seattle, WA 98122-1090 (206) 220-8030; Fax: (206) 296-2443 Email: registrar@seattleu.edu

## INDEPENDENT STUDY, **DIRECTED STUDY,** or INTERNSHIP REQUEST

RMRGIS\_C

ONLY FOR COURSES NUMBERED X950, X960, X980, X990

Processed by: Date:

## Instructions:

- 1. Arrange course work with the faculty member, determine the appropriate course number (see University Catalog) and course title.
- Obtain required signatures.
- 3. Present this completed form to the Office of the Registrar, HILB 220, Redhawk Service Center, or mail/fax to the address above.
- The date this completed form is received in the Office of the Registrar is considered the effective date of registration

4. 1116	date this con	ipietea it	Jilli is rece	ivea in tr	ie Office d	i the Registral is	considered the en	ective date	orregisti	ration.			
Student Legal Name:						Student ID Number:							
_	-						ajor or Program						
Class Level:	□ FR	□ SO	□ JR	□ SR	□ GR	□ Post-Bacc	□ Non-matric						
This is a:	□ <u>Independe</u>	ent Study	/Directed S	Study (at	level 496	60 5960 6960)	□ Project/Readi	<u>ng</u> (5990)					
(circle level)	□ <u>Internship</u>	(at level	4950 598	50 6950)		□ SCE Unde	ergrad Research (4	990) □ <u>CR</u>	<u>JS</u> (5980	5970)			
To be taken:	Year/Term (F	-ill in yea	ır): Fall	Vaar	Winter	Spring	Summe	er 8-week _	Vaar	_ Intersession _	Voor		
							ed 30 characters in le						
Number of C	redits	_	Name	of Spon	soring Fa	aculty (print)							
► Student Signature:										Date:			
□ This course						l and reflected on yo	ur hill						
					•	•	Total number of	credits:		GPA:			
▶ Dean or Associate Dean of Student's School/College signature required:													
						•	op this course:						
TO DE COME	N ETED DV T		NEODING	FACILIT	rv.								
	PLETED BY T					DECLUDED							
	ription: Attac					<u>KEQUIRED</u>							
	dy abroad co	·		•									
• .				A COURSE N	MAY BE GRAD	ED CR/F ONLY WHEN S	PECIFIED IN THE CATALOG						
_	e (check all th		•										
		-		-		•	number (e.g. <i>Amer</i>			••	•		
Maj	or requiremen	ıt			Maj	or elective		Minor re	quireme	ent			
□ This cours	se fulfills a <u>CO</u>	RE requi	irement. S	Specify (e	.g. Senior	Synthesis, Ethics	s, etc.):						
▶ (	CORE Director	r signatu	re required	l						Date:			
I verify that	the above na	med stud	dent will m	eet the a <sub>l</sub>	opropriate	contact hour req	uirements as desci	ribed in the	Schedu	ling of Courses	policy (79-2).		
► Sponsoring Faculty Member's Signature										Date:	Date:		
FINAL APPR	OVAL by DEI	PARTME	NT/SCHO	OL OFFI	ERING TH	IE COURSE SEC	CTION:						
► Chair, Dea	ın, or Associa	ate Dear	ı Signatur	e:						Date:			
► Associate Dean for Arts and Sciences or College of Education ONLY:  04/23/2019							Date:						
							OFFICE USE ONLY Section Number:						