INDEPENDENT STUDY, DIRECTED STUDY, or INTERNSHIP REQUEST

ONLY FOR COURSES NUMBERED X950, X960, X980, X990

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

Instructions:
1. Arrange course work with the faculty member, determine the appropriate course number (see University Catalog) and course title.
2. 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.
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: ____________________________

College or School of major: ____________________________ Major or Program: ____________________________

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

This is a: □ Independent Study/Directed Study (at level) 4960 5960 6960 □ Project/Reading (5990)
(choose level) □ Internship (at level) 4950 5950 6950 □ SCE Undergrad Research (4990) □ CRJS (5980 5970)

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

Course Subject (e.g. ENGL) ____________________________ Title ____________________________

Must not exceed 30 characters in length including spaces

Number of Credits ______ Name of Sponsoring Faculty (print) ____________________________

Student Signature: ____________________________ Date: ______________

☐ This course is a late add.* (Replaces the Petition to the Dean)
   * Effective Fall Quarter 2011 a $50 Late Add Fee will be charged and reflected on your bill

☐ This course puts the student in overload. (Replaces the Petition to the Dean) Total number of credits: ______ GPA: ______

Dean or Associate Dean of Student’s School/College 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: Attach a copy of the course description. REQUIRED

This is a study abroad course (outside the U.S.): □ Yes

Grading Option: □ Letter □ CR/F A COURSE MAY BE GRADED CR/F ONLY WHEN SPECIFIED IN THE CATALOG

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 2010):

Major requirement ________________________________________________________________

Major elective ________________________________________________________________

Minor requirement ________________________________________________________________

☐ This course fulfills a CORE requirement. Specify (e.g. Senior Synthesis, Ethics, etc.):

CORE Director signature required: ____________________________ Date: ______________

I verify that the above named student will meet the appropriate contact hour requirements as described in the Scheduling of Courses policy (79-2).

Sponsoring Faculty Member’s Signature: ____________________________ Date: ______________

FINAL APPROVAL by DEPARTMENT/SCHOOL OFFERING THE COURSE SECTION:

Chair, Dean, or Associate Dean Signature: ___________________________________ Date: ______________

Associate Dean for Arts and Sciences or College of Education ONLY: _______________ Date: ______________

04/23/2019