



Registration Permission Form
Independent Study, Internship, and Research

This form must be completed and returned to the Office of the Registrar, no later than the last day to add for any given semester or part of term.

Name of Student: _____ Student ID: _____

Signature of Student: _____ Date: _____

Enter term year: Fall Semester 20 ____ Cardinal Term 20 ____ Spring Semester 20 ____ Summer Semester 20 ____

Select part of term: MAY (Summer only) FULL TEN wks (Summer only) FIRST 7 wks SECOND 7 wks

Independent Study or Research

Course Type: Independent Study - Select level: 1900 2900 3900 5900 6900

Research - Select level: 1950 2950 3950 4950 5950 6950

Course Prefix (ACCT, ART, etc.): _____ Credit Hours: _____

Title of Independent Study/Research: _____

Grade Mode: letter graded pass/fail graded

If this course is serving as a substitute for a degree requirement, indicate the Subject & Course # here: _____

If this course is serving as a repeat of a previously completed course, indicate the Subject & Course # here: _____

Internship (4900)

Course Prefix (ACCT, ART, etc.): _____ Credit Hours: _____

Grade Mode: letter graded pass/fail graded

If this course is serving as a substitute for a degree requirement, indicate the Subject & Course # here: _____

Please note the following:

- For each semester hour of credit, you are expected to work a total of 42 hours (which equates to 3 hours per week for 14 weeks).
- An internship learning contract must be secured from the Student Success & Career Development webpage. Follow the instructions for completion and submission.

Signature of Instructor Providing Grade: _____ Date: _____

Printed Name of Instructor Providing Grade: _____

Signature of Department Chairperson: _____ Date: _____

REGISTRAR OFFICE USE ONLY

Processed by _____ Date ____/____/____ CRN _____

Enter S or P in Grade Mode field on SSASECT Enter on student's schedule

Enter Part of Term

Make sure "Voice Response and Self-Service Available" is not-checked on SSASECT