

# SUPERVISED STUDY

## (IND 300)

For approval, complete all information requested before submitting to the Dean's Office. This course is designed to replace another course offering.

**Juniors and Seniors** in good academic standing who, for reasons beyond their control, find that a **required course** has not been scheduled **before they expect to graduate** may receive permission from a faculty sponsor, the department chair, and the Dean to register **NO LATER THAN THE LAST DAY TO ADD COURSES FOR THE SEMESTER IN WHICH THE SUPERVISED STUDY IS TO BE UNDERTAKEN.**

STUDENT NAME: \_\_\_\_\_  
Last First Initial

SOCIAL SECURITY NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_ MAJOR: \_\_\_\_\_

CLASS YEAR: \_\_\_\_\_ GPA: \_\_\_\_\_ DATE: \_\_\_\_\_ SEMESTER/YEAR \_\_\_\_\_

### **TO BE COMPLETED BY THE FACULTY MEMBER**

For what course will IND 300 substitute?

_____	_____	_____
Dept/Course No.	Course Title	GPA

When will this course be offered next? \_\_\_\_\_

Why is the student unable to enroll in the course when next offered? \_\_\_\_\_

What is the schedule of meetings with the student? \_\_\_\_\_

How will the course be evaluated? \_\_\_\_\_

### **APPROVALS:**

Faculty Sponsor: \_\_\_\_\_ (Date) \_\_\_\_\_

Department Chairperson: \_\_\_\_\_ (Date) \_\_\_\_\_

Instructor's Dean: \_\_\_\_\_ (Date) \_\_\_\_\_

Student's Dean: \_\_\_\_\_ (Date) \_\_\_\_\_

**\*WHEN ALL SIGNATURES ARE RECEIVED TAKE THIS FORM TO THE REGISTRAR'S OFFICE.**

Registrar's Office Approval/Date: \_\_\_\_\_