## Request for Registration in Independent/Directed Study Course COLLEGE OF ARTS & SCIENCE

Student Name:			Semester:			
Commodore ID:			Class: JR	SR	other** (see bottom of page)	
Telephone:		Email:			@vanderbilt.edu	
Course Dept., Course Numb	oer:		Credit Hours	s:		
Instructor:						
INSTRUCTIONS FOR REGIST	ΓERING:					
1. Obtain permission to	enroll in an independent st	udy course from t	he instructor of your	choice.		
2. Work with the admin course <i>before the end o</i>		partment in which	you are doing the in	dependent s	tudy to be registered in the	
3. Use this form to make the instructor and the de	e a written study plan detai partment chair. Submit the	ling the nature of form to the depa	the project and the arrtment by the 10 <sup>th</sup> day	mount of cre y of classes.	edit and have it approved by	
**You must be reg	istered for the c	ourse prior	to the end o	f the Cl	nange Period.**	
	nd frequency of meeting	ngs with the in	structor:			
Student's Signature	(Date)	Instruct	tor's Signature		(Date)	
Department Chair or DUS Sig	nature	(Date	e)			
**If student is NOT a junior		eason for excep	tion:			
(continue on back if necessary	7)					