



AMERICAN UNIVERSITY
W A S H I N G T O N , D C

INDEPENDENT STUDY REGISTRATION FORM

Please print the following information.

Student _____ AU ID# _____
(Last) (First)

Phone _____ E-mail _____

Term: Fall Spring Summer 20____

Course Information:

Course Subject _____ - Course Number _____ Credits _____ A-F Pass/Fail

Faculty supervisor _____
(Last) (First)

Project Title _____
(30 characters maximum including spaces)

Brief description of independent study project:

Required Signatures:

Academic Advisor (Please Print)	Academic Advisor Signature	Date
Faculty Supervisor (Please Print)	Faculty Supervisor Signature	Date
Department Chair or Dean (Please Print)	Department Chair or Dean Signature	Date
Student (Please Print)	Student Signature	Date

INSTRUCTIONS TO STUDENTS

Obtain all required approvals and submit this completed form to AU Central. You will receive confirmation by e-mail when your registration has been processed.

Department of Performing Arts
Proposal for Independent Study

Student Name: _____

Student ID#: _____

Address: _____

Phone #: _____

Email: _____

Course #: _____

Course Name: _____

Credit Value: _____

Date to be

Completed by: _____

Phone#: _____

Instructor: _____

Email: _____

PURPOSE (Reason for taking the course):

PROCEDURE (Planned activities to pursue objectives):

OBJECTIVES & OUTCOME (Basis upon which grade will be given):

Chairperson of Department

Instructor

Student

Date

Date

Date