

## INDEPENDENT STUDY: PERMISSION TO REGISTER FORM

Name: \_\_\_\_\_ UO ID: \_\_\_\_\_

UO Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Course Information:

Course Number & Name: \_\_\_\_\_ CRN: \_\_\_\_\_

Credits: \_\_\_\_\_ Term/Year: \_\_\_\_\_ Grading Option\*:  Graded or  Pass/No Pass

Course Title: \_\_\_\_\_

Brief Description of Course Requirements:

\_\_\_\_\_  
Name and Signature of Project Supervisor (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Signature of Instructor of Record

\_\_\_\_\_  
Date

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**OFFICE USE ONLY:**    Clear Student to Register in Banner    Add Instructor of Record in Banner    Archive Form in Student File