



**PERMISSION FORM  
Independent Study/Exit Project**

**Instructions:** complete and submit this form to the Office of Student Services, UR 205, at the time of registration. Students enrolling in any of the courses listed below must use this form; a separate form must be submitted for each course.

**Name:** \_\_\_\_\_

**CSU ID:** \_\_\_\_\_ **Semester/Year:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Program:**  BA Major: \_\_\_\_\_  
 MSUS  MPA  MUPDD  MAES  MNAL  Ph.D.

**Course:** (check one)

- |                                  |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> UST 296 | <input type="checkbox"/> UST 696 | <input type="checkbox"/> UST 897 | <input type="checkbox"/> UST 895 |
| <input type="checkbox"/> UST 496 | <input type="checkbox"/> UST 697 |                                  | <input type="checkbox"/> UST 899 |
| <input type="checkbox"/> UST 497 | <input type="checkbox"/> UST 698 |                                  |                                  |
|                                  | <input type="checkbox"/> UST 699 |                                  |                                  |

**Credit Hours:** \_\_\_\_\_

**Brief description of project:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Independent study requests are subject to Department approval; contact your Advisor for guidelines.*

**The work completed in this course will be graded by:**

\_\_\_\_\_  
(faculty supervisor – print name)

**I agree to supervise and grade the project described above.**

\_\_\_\_\_  
(faculty supervisor signature)