

UConn HEALTH

STUDENT SERVICES CENTER

Independent Study Authorization

Student Name: _____

Student ID: _____

Email: _____

Course Information

Subject Area: _____

Catalog Number: _____

Section: _____

Class Number: _____

Units authorized by the instructor: _____

Note: Instructor can report number of units earned, which may be fewer than, but cannot exceed the maximum units authorized in course catalog.

Year: _____

Fall

Spring

Summer

Title of project to appear on transcript: _____

Authorization cannot be processed unless all signatures have been obtained.

Advisor: _____ Date: _____

Instructor: _____ Date: _____

Students wishing to study a subject independently, for credit, must find an instructor to supervise the project. The instructor and the student then agree on the number of credits the student may earn. The student must complete an Independent Study Form, have it signed, and submit to the UConn Health Registrar's Office.

Without special permission, students may not register for, or earn towards the degree more than six credits each semester in any one of combination of independent study, special topics, and variable topics courses.

To increase this limit, students must consult with their advisor and get the permission of their academic dean.

For Office Use Only:

Date received: _____

Processed: _____

Initials: _____