## INDEPENDENT STUDY REGISTRATION FORM FOR NON-CROSS LISTED COURSE

Use this form ONLY if you are taking a 400-499 level undergraduate course for graduate credit (courses below 400 level are not eligible)

B-Number Student Name						
B Address (local)				Phone		
Degree Program: PhD						
COURSE YOU ARE REGISTERIN	<u>G FOR</u>					
Course Subject (e.g. BIOL, BCHM)	Course	Course Number <u>597</u> Credit Hours		CRN		
Grade Option (check one) No	rmal S/U Semester/Ye	ar A	ction to be taken (check o	ne) Add	Change Drop	
Course Title (limit of 30 characters)	. This is the name of the unde	rgraduate course as l	isted in the bulletin			
THE UG COURSE SYLLABUS MU additional requirements to be comp	IST BE ATTACHED BEFORE F	REGISTRATION CAN	Space below or on a sep	ddition, please proparate page.		
Instructor Name Signature of Major Advisor (if course	-					
Registered by					40/00/00 10	
( ) Copy sent to Graduate School ( ) Copy sent to Registrar's Office					rev. 10/29/2018	