

WATSON SCHOOL COURSE REGISTRATION FORM
For Project, Thesis, Dissertation, Practicum, Internship, Co-op

This form must be used to register for any Watson School Independent Study Course, Project, Thesis, Practicum, Internship, Co-op. Independent Study courses are identified in the Schedule of Classes and generally bear course numbers in the 90's; e.g., 395, 497, 599, etc. It is the student's responsibility to secure all information and signatures required. **IF ANY PORTION OF THIS FORM IS LEFT UNFILLED IT WILL BE RETURNED TO YOU AND YOU WILL NOT BE REGISTERED IN THE SYSTEM FOR THIS COURSE.** You are liable for tuition charges and you must add, change, or drop this course within the legal dates as stated in the Schedule of Classes. If you are taking two or more of the same course, please note this in the appropriate space on this form.

NOTE:
ENGINEET Students must process this form through the ENGINEET OFFICE in EB-J21 (1-800-478-0718)

All other students return this completed form to your Department Secretary.

A DARS exception form will be required if using this experience as a professional or technical elective.
 Harpur, CCPA, SOM, and SON independent study course registrations must be processed through appropriate dept office in those schools.

Student "B" Number: [] Student Name: [] Date: []

Address (local): [] Phone: []

Major: [] E-mail: []

Action to be taken: Add Change Drop

Course name and number: [] Credit Hrs: []

(e.g., ISE 497, SSIE 699, etc.)
 Grade Option: Normal P/F or S/U
 Semester: Fall Spring
 Year: []

Check here if this is a second Ind. Study with same instructor and course number, in the same semester

W - Writing credit (Undergraduate only)

Summer *(Tuition Payment must be made prior to summer registration)*

TITLE OF INDEPENDENT STUDY or Applicable Internship (optional) :

Limit of 30 characters: please be descriptive and abbreviate as necessary. The title you assign will appear on your OFFICIAL University transcript.
 []

INSTRUCTOR APPROVAL

INSTRUCTOR: [] INSTRUCTION SECTION CODE NUMBER: []

INSTRUCTOR SIGNATURE: _____ Date _____

DEPARTMENT APPROVAL (if required): _____ Date _____

OFFICE USE ONLY	
DATE POSTED: _____	BY _____
<small>(person posting course to student's schedule)</small>	