

900 COLLEGE STREET | BOX 8425 | BELTON, TEXAS 76513 | (254) 295-4510 | REGISTRAR@UMHB.EDU

## **Application for Independent Study**

Registrar's Office Use Only:		
Course Number:	Date:	
Student Name		ID#
Course	Number	Estimated Graduation Date
Dept.		Year:
Instructions		
determine wheth 2) Provide the stud	er this course qualifies	ow Enrollment Courses and Independent Studies s for an Independent Study. ed specifically for this course, not a generic syllabu
2) This completed f Independent Stu	orm must be on file in t	before obtaining the required signatures. the Office of the Registrar prior to registering for t ested that the student bring this completed form ar
It is agreed that upon ca accordance with the de	•	rse requirements, a grade will be recorded in demonstrated.
Student's Signature		Date
Course Instructor's Sig	nature	Date
Advisor's Signature		Date
Department Chairperson's Signature		Date
Dean's Signature		Date

Form Approved by Deans' Council July 2013, Revised 09/08/2022