

Please print using black ink.

The University of Texas at San Antonio

Office of the Registrar



INDEPENDENT STUDY COURSE FORM

Completed and approved form should be taken to Enrollment Services Center for processing. Student must present valid photo ID at Enrollment Services at time of processing. Effective date of this request is the date it is processed at Enrollment Services.

Term: Fall Spring Summer

UTSA ID: @ _____

Year:

Student's First Name: _____ Middle: _____ Last: _____

Telephone Number: _____ UTSA E-Mail Address: _____

CRN: _____ Subject: _____ Course #: _____ Section #: _____

Will any of the work listed below be carried out in a laboratory? Yes No

Instructor's Name (printed): _____

Description of topic to be studied:

Description of work to be required of the student and the basis upon which credit and a grade will be assigned:

Laboratory Required: Yes No

NOTE: No more than 6 hours of Independent Study may be applied to any UTSA degree.

With a few exceptions, you are entitled on your request to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32.

SIGNATURES:

_____/_____ Date: _____
Student (signature) print name

INSTRUCTOR: your signature below indicates your agreement with student's responses regarding laboratory requirements for this course.

_____/_____ Date: _____
Instructor (signature) print name

_____/_____ Date: _____
Undergraduate or Graduate Advisor (signature) print name

_____/_____ Date: _____
Department Chair (signature) print name

_____/_____ Date: _____
Dean's Office (signature) print name