REGISTRATION FORM AND
RECORD OF INDEPENDENT STUDY

Directions:
1. The student must complete the upper portion of the form and obtain all required approvals and signatures.
2. The instructor must complete the course information, and return form to schools (COE, CSE, COB or CHSH).
3. After the form is complete, with all required information, approvals, and signatures, the schools can send the completed form to the Registrar’s office, emailed to: Registrar@uhcl.edu.

____________________________  __________________________
____Fall 20__  ___Regular ___1st 8weeks
Semester  Session
___ND
___Spring 20__  ___2nd 8weeks

Student ID

___Spring 20__  ___Regular 8-Week

___Summer 20__  ___ 1st 5-Week  ___ 2nd 4-week

Student Name

Office of the Registrar Registration Record

Date: ____________________________
Initials: __________________________
Class #:

To Be Completed By Course Instructor

Subject ____________ Course # ____________

WRITE A COMPLETE DESCRIPTION OF EXACT NATURE AND CONTENT OF INDEPENDENT STUDY COURSE:

Assignments, including the final product:

Evaluation criteria for assignment of the course grade:

Course completion date: ____________________________  Meeting Schedule: ____________________________

____________________________  __________________________
Student Signature  Date

Instructor Name (Please Print)  Instructor Signature  Employee ID  Date

____________________________  __________________________
Faculty Chair Signature  Date  Associate Dean Signature  Date

PLEASE NOTE: ALL INCOMPLETE FORMS WILL BE SENT BACK TO DEPARTMENT UNTIL ALL REQUIRED INFORMATION (SIGNATURES AND APPROVALS) ARE ON FORM.