Mathematics Department Independent Study Request Form

Name:	Date
Student ID	Quarter
E-mail Address	
Instructor Approval Required	Check the appropriate selection:
[] 297A Independent Study Credits:5 [] 297B Independent Study Credits:1 [] 297C Independent Study Credits:1	0
[] 299A Thesis Research Credits:5 [] 299B Thesis Research Credits:10 [] 299C Thesis Research Credits:15	
Instructor's Signature PRINT Instructor's NAME	Date
deadline for the last day to enroll in classes in Math 292 is confirmed, the Individual St Department. Completion of enrollment pro	gned, and delivered to the Graduate Coordinator prior to the sofor the term in which the course is to be taken. Once enrollment tudies Course call number will be issued by the Mathematics occdures for the course is your responsibility.
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Instructor's Signature PRINT Instructor's NAME	Date

This form is to be completed, approved, signed, and delivered to the Graduate Coordinator prior to the deadline for the last day to enroll in classes for the term in which the course is to be taken. Once enrollment in Math 292 is confirmed, the Individual Studies Course call number will be issued by the Mathematics Department. Completion of enrollment procedures for the course is your responsibility.