

Directed Readings, Independent Study, Internship, Variable Credit Approval Form

Instructions: Student is to complete this form and submit to supervising instructor and appropriate Department Chair for approval and signatures. Original is submitted to the Registrar's Office for registration. One copy should be maintained in the department.

Student Name: _____ Student ID: _____

Please select course type: <input type="checkbox"/> Directed Readings <input type="checkbox"/> Independent Study <input type="checkbox"/> Internship <input type="checkbox"/> Variable Credit <input type="checkbox"/> Other (please specify) _____ <i>Instructor Use Only</i> Please select Delivery Method: <input type="checkbox"/> On-Campus <input type="checkbox"/> Fully Online. No face-to-face meetings. (100%) <input type="checkbox"/> Fully Online with one face-to-face meeting. (95-99%) <input type="checkbox"/> Partially Online (51-94%)	Please select course term and session: <input type="checkbox"/> Summer <input type="checkbox"/> Session I (May) <input type="checkbox"/> Session II (June-July) <input type="checkbox"/> Session III (June) <input type="checkbox"/> Session IV (July) <input type="checkbox"/> Fall <input type="checkbox"/> Full Session <input type="checkbox"/> Session I <input type="checkbox"/> Session II <input type="checkbox"/> Spring <input type="checkbox"/> Full Session <input type="checkbox"/> Session I <input type="checkbox"/> Session II	Additional Course Information: _____ DEPT/SUBJ Abbreviation _____ Course Number _____ Credit Hours <i>Registrar Use Only</i> CRN: _____
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Print course title as it should appear on student's transcript (30 character limit): _____

Note: Students receiving Veteran's Benefits must attach a course description of the course content.

For Instructor/Department Chair Only:

Student will receive:

- A standard letter grade of A-F
- An S/U grade (course must be on approved list of courses for S/U grading)

Supervising Instructor Printed Name: _____ ID: _____ Signature: _____	Department Chair Printed Name: _____ Signature: _____ Date: _____
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The signature of the Dean/Designee is required for the Richards College of Business and Tanner Health System School of Nursing.

 Signature of Dean/Designee (RCOB and SON only)