SEATTLE UNIVERSITY
OFFICE OF THE REGISTRAR & OPERATIONS
901 12th Avenue
P.O. Box 222000
Seattle, WA 98122-1090
(206) 220-8030; Fax: (206) 296-2443
Email: registrar@seattleu.edu

INDEPENDENT STUDY, DIRECTED STUDY, or INTERNSHIP REQUEST

(RMRGIS_C)

ONLY FOR COURSES NUMBERED X950, X960, X980, X990

Instructions:

1. Arrange course work with the faculty member, determine the appropriate course number (see University Catalog) and course title.
2. Obtain required signatures.
3. Present this completed form to the Office of the Registrar, USVC 103, or mail/fax to the address above.
4. The date this *completed* form is received in the Office of the Registrar & Operations is considered the effective date of registration.

Student Legal Name: Full Name (Last First Middle) Student ID Number: Your Seven Digit SU ID

College or School of major: Arts & Sciences Major or Program S A D L

Class Level: ☐ FR ☐ SO ☐ JR ☐ SR X GR ☐ Post-Bacc ☐ Non-matric

This is a: ☐ Independent Study (at level 4960 5960 6960) ☐ Directed Study (at level 2960 3960)

(circle level) X Internship (at level 4950 5950 6950) ☐ Directed Research/Reading (4980) ☐ SCE Undergrad Research (4990)

To be taken: Year/Term (Fill in year): Fall _____ Year Winter _____ Year Spring _____ Year Summer 8-week _____ Year Intersession _____ Year

Course Subject (e.g. ENGL) S A D L Title I N T E R N S H I P

Must not exceed 30 characters in length including spaces

Number of Credits 1 - 9 **Name of Sponsoring Faculty** (print) Maylon Hanold

▶ **Student Signature**: Do not forget to sign **Date**: _____

☐ This course is a late add.* (Replaces the *Petition to the Dean)*

**** Effective Fall Quarter 2011 a $50 Late Add Fee will be charged and reflected on your bill***

☐ This course puts the student in overload. (Replaces the *Petition to the Dean)* Total number of credits: _____ GPA: _____

▶ **Dean or Associate Dean of Student's School/College signature required**: _____ **Date**: _____

☐ This is a replacement for a course already added to the student's schedule. Drop this course: _____

TO BE COMPLETED BY THE SPONSORING FACULTY:

Course Description: Attach a copy of the course description. REQUIRED

PLEASE DO NOT WRITE IN THIS SPACE

This is a study abroad course (outside the U.S.): ☐ Yes

Grading Option: ☐ Letter ☐ CR/F A COURSE MAY BE GRADED CR/F ONLY WHEN SPECIFIED IN THE CATALOG

Course usage (check all that apply)**:**

☐ This course fulfills the following program requirements. Specify course title or number (e.g. *American Lit* or *Historical Theology* or *HIST 2010*):

Major requirement _____ Major elective _____ Minor requirement _____

☐ This course fulfills a CORE requirement. Specify (e.g. Senior Synthesis, Ethics, SS-1, etc.): _____

▶ CORE Director signature required_____ Date: _____

I verify that the above named student will meet the appropriate contact hour requirements as described in the Scheduling of Courses policy (79-2).

▶ **Sponsoring Faculty Member's Signature**_____ **Date:** _____

FINAL APPROVAL by DEPARTMENT/SCHOOL OFFERING THE COURSE SECTION:

▶ **Chair, Dean, or Associate Dean Signature**: _____ **Date**: _____

OFFICE USE ONLY
Section Number: _____
Processed by: _____
Date: _____