

THIS COURSE MAY NOT BE USED TO FULFILL DEGREE REQUIREMENTS



Independent Readings Enrollment Form

Date: _____ **For:** _____ **semester Year:** _____

Student's name: _____ **U ID:** _____

Course requested: _____ **Hours credit:** _____

Instructor: _____

Description of proposed readings:

Student's signature: _____

Instructor's signature: _____

(For Administrative Use)

Section number:

CRN:

Issued by: _____

Date: _____
