

**Office of the Registrar  
January Term  
INDEPENDENT STUDY PERMISSION FORM**

This form should be submitted to: Registration Office, 11 Garrison Avenue, Durham, NH 03824-3511 (603) 862-2015

Today's Date:

UNH Email

STUDENT I.D. NUMBER

STUDENT NAME

LAST FIRST MI

LOCAL ADDRESS:

Street City State Zip

I wish to register for:

Course Dept*	Course Number	SEC	Course Title	Credits**
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby agree to sponsor the above named student for this independent study.

Instructor's Signature  Date:

Instructor's Printed Name

Approval of Instructor's Associate DEAN required.

Associate Dean's Signature  Date:

**LOCATIONS FOR ASSOCIATE DEANS:**

COLA MURKLAND 110  
COLSA RUDMAN G05  
CEPS KINGSBURY W283  
PAUL PAUL COLLEGE 101  
CHHS HEWITT 217  
CONTINUING ED HOOD 111

\***Attention** - this course must agree with the course stipulations for Independent Study in the Undergraduate or Graduate Catalog.

\*\***Please Note** - Faculty compensation for supervising independent studies is limited to a maximum of 16 credits.

CRN (assigned by the Registrar's Office):

When fully approved and submitted to  
Registration Office.

**Office of the Registrar  
Stoke Hall 11 Garrison Avenue Durham, NH 03824-3511 603-862-1500 603-862-1817 Fax  
Registrars.Office@unh.edu**