



# UNIVERSITY of NEW HAMPSHIRE

## OFFICE OF THE REGISTRAR

### JANUARY TERM

# INDEPENDENT STUDY PERMISSION FORM

This form must be submitted to the Registration Office,  
106 Stoke Hall, 11 Garrison Ave., Durham, NH 03824, (603) 862-1500.

Today's Date: \_\_\_\_\_

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**Student I. D.**

**Student Name:** \_\_\_\_\_  
Last First MI

**Local Address:** \_\_\_\_\_  
Street City State Zip

**I wish to register for:**

| COURSE DEPT* | COURSE NUMBER | COURSE TITLE | CREDITS** | INSTRUCTOR |
|--------------|---------------|--------------|-----------|------------|
|              |               |              |           |            |

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

Instructor's signature \_\_\_\_\_ date \_\_\_\_\_

*Approval of Instructor's DEAN required.*

Dean's signature \_\_\_\_\_ date \_\_\_\_\_

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

\*\*PLEASE NOTE - January Term independent study is limited to a maximum of 4 credits.

CRN (Assigned by Registrar's Office): \_\_\_\_\_