

class number _____

SCHOOL OF PHARMACY

INDEPENDENT STUDY (699)

CONSENT AND AUTHORIZATION FORM

This form is for 699 registration **only in a School of Pharmacy curricular area**. If you will register for a 699 course offered by another school/college on campus, you must deal directly with that other school/college. For School of Pharmacy 699 registration, you must return this completed form to your School of Pharmacy advisor, who will place the form in your academic file. **SUBMISSION OF THIS FORM DOES NOT MEAN THAT YOU ARE REGISTERED FOR THE 699 COURSE.** You will receive an email from Ms. Chris Bischel after she has granted you permission to enroll in the course. Then you must register via the Web, using the class number for the course (provided by Ms. Bischel), and as it appears in the Schedule of Classes.

_____ (student's name) _____ (student's e-mail address)

has my permission to register for ___ -699, to be taken for _____ credits in the fall/spring/summer
(circle one)

_____ term. This independent study project should be completed by _____
(year) (date)

Student's 10-digit ID #: _____ - _____ - _____

DESCRIPTION AND REQUIREMENTS/EXPECTATIONS OF THIS PROJECT:

(Continue on reverse side, if necessary.)

We have discussed this project and have agreed to the above description and requirements/expectations, and to the project deadline:

Student's signature: _____ Date: _____

Faculty member's name: _____
(please print)

Faculty member's signature: _____ Date: _____