DEPARTMENT OF DISABILITY AND PSYCHOEDUCATIONAL STUDIES

INDEPENDENT STUDY / INTERNSHIP / PRECEPTORSHIP COURSE FORM

DIRECTIONS
To enroll for an Independent Study / Internship / Preceptorship, complete this form under the direction of an advisor or the professor of the course. *This form must be submitted for approval.* Submit this form to the Graduate Coordinator to record the study with the department. *Failure to submit this form will result in administrative drop by the department.*

STUDENT INFORMATION

Name ___________________________________________ Student ID # ____________________________

Email ___________________________________________ Telephone # ____________________________

Semester ___________________________ Year __________ Professor / Advisor __________________________

INDEPENDENT STUDY / INTERNSHIP / PRECEPTORSHIP

SERP □ 393 □ 399 □ 493 □ 499 □ 591 □ 593 □ 599 □ 691 □ 693 □ 699 □ 791 □ 793 □ 799

Section # ________________ Units ________________

Note: The University and Board of Regents have set a standard of 45 hours of course work for each unit of credit awarded.

❖ Purpose


❖ Procedures


❖ Method of Evaluation


❖ Timeline for Completing *(if left blank, you are indicating it as the end of the semester)*


SIGNATURES

Student ___________________________ Date ___________________________

Professor / Advisor ___________________________ Date ___________________________

Last modified: 2009 October