

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