



When completed, submit this form and any supporting documents to umkcsseforms@umkc.edu.

PERMISSION TO ENROLL IN INDEPENDENT STUDY COURSE

NAME: _____ ID NUMBER: _____

ADVISOR: _____ DATE: _____ SEMESTER: _____

PROGRAM: _____ DEGREE: ☐ BACH ☐ MASTERS ☐ PHD

TO BE COMPLETED BY THE STUDENT:

REQUEST: (Please limit each form to one request each.)

Course requested:

Faculty Director:

Project Title:

PROJECT DESCRIPTION

Student's Signature:

() Attachments

Date:

TO BE COMPLETED BY THE INSTRUCTOR:

INSTRUCTOR COMMENTS: (Please state how this course will apply to student's degree.)

Faculty Signature:

Date:

DISTRIBUTION OF FORM

Sent to: ☐ Student

☐ Advisor

☐ Student Added to Permission List

☐ Other _____

By: _____

Date: _____