

When completed, submit this form and any supporting documents to [sseforms@umkc.edu](mailto:sseforms@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:

Date:

( ) Attachments

### 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:	<input type="checkbox"/> Student	By: _____	Date: _____
	<input type="checkbox"/> Advisor	_____	_____
	<input type="checkbox"/> Student Added to Permission List	_____	_____
	<input type="checkbox"/> Other _____	_____	_____