

VALPARAISO UNIVERSITY - THE GRADUATE SCHOOL  
**DROP/ADD CARD – CHANGE IN REGISTRATION**

**STUDENT ID:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

COURSES DROPPED				COURSES ADDED			
DEPT	CRSE NO	SEC	CR HRS.	DEPT	CRSE NO	SEC	CR HRS.
<b>Total Credits Dropped</b>				<b>Total Credits Added</b>			

**Total Credits After Change** \_\_\_\_\_

**Dean's approval for overload** \_\_\_\_\_ **Adviser's Signature** \_\_\_\_\_

After securing adviser's signature, **RETURN THIS CARD ALONG WITH YOUR PROJECT PAPERWORK TO THE GRADUATE SCHOOL.**



#595 INDEPENDENT STUDY  
**THE GRADUATE SCHOOL**  
 VALPARAISO UNIVERSITY  
 Valparaiso, Indiana 46383-6493  
 (219) 464-5313 or (800) 821-7685

This form **must** be completed, signed by both the instructor and the program advisor, and returned to the Graduate School Office. Upon approval of the Dean of the Graduate School, copies will be distributed. **Please note:** This completed form does **not** constitute registration for this course. *The student must turn in the registration form in with this independent study form.*

**IMPORTANT NOTICE: Enrollment in Independent Study (595, 692, 695) requires prior completion of 12 credits of graduate level work. No more than 6 credit hours of Independent Study (595, 692, 695 or any mix thereof) may be used toward completion of a master's degree program.**

A copy of the project paper must be filed in the Graduate Office upon completion.

DEPARTMENT: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

1. NAME: \_\_\_\_\_  
 LAST FIRST MIDDLE FORMER NAME

2. PRESENT ADDRESS: \_\_\_\_\_  
 NUMBER AND STREET CITY, STATE, ZIP

3. HOME PHONE: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

4. PROJECT IS TO BE UNDERTAKEN IN THE \_\_\_\_\_ SEMESTER, 20 \_\_\_\_\_ NUMBER OF CREDITS \_\_\_\_\_

I. Title of Project: \_\_\_\_\_

Title for Transcript: IS: \_\_\_\_\_ (limit 24 letters & spaces)

II. PROPOSED PROJECT

*Please submit a typewritten/double-spaced description on subject area(s), thesis, scope, particular approach, etc.*

III. READING LIST

*On an additional attached sheet, in a typewritten format, list at least 5 major references (texts, monographs, articles) that will support the project. References may include both primary and secondary source materials.*

Instructor's Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_

Instructor's Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Advisor's Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Graduate Dean's Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE NOTE: Incomplete forms will not be processed.

cc: Registrar's Office