

VALPARAISO UNIVERSITY – OFFICE OF GRADUATE STUDIES
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.
Total Credits Dropped				Total Credits Added			

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 OFFICE OF GRADUATE STUDIES.**



#700 INTEGRATIVE PROJECT
OFFICE OF GRADUATE STUDIES
 VALPARAISO UNIVERSITY
 Valparaiso, Indiana 46383-6493
 (219) 464-5313 or (800) 821-7685

This form **must** be completed, signed by all the supervising instructors and the Chair of the department, and returned to the Graduate Division Office. Upon approval of the Dean of Graduate Studies, copies will be distributed. **Please note:** This completed form does **not** constitute registration for this course. *The student must turn in the registration form with this integrative project form.*

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 _____
 NUMBER AND STREET CITY, STATE, ZIP

3. HOME PHONE: _____ WORK PHONE NUMBER: _____

EMAIL ADDRESS: _____

4. PROJECT IS TO BE UNDERTAKEN IN _____ SEMESTER, 200 _____ NUMBER OF CREDITS
 THE _____

I. Title of Project:

Title for Transcript: _____ (limit 24 letters & spaces)
 IP: _____

II. PROPOSED PROJECT

On an attached sheet, in a typewritten/double-spaced format, describe in one page the 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.

1st Instructor's Name (Printed): _____ Signature _____ Date: _____

2nd Instructor's Name (Printed): _____ Signature _____ Date: _____

Dept. Chairman's Approval (Printed): _____ Signature _____ Date: _____

For the sake of expediency, you may email your text and references to your supervising instructors and department/program chair. You should request that once they approve the proposal, they email their approval to our office at graduate.studies@valpo.edu. Please note, it is still your responsibility to ensure that your proposal is completed properly and approved (through signature or email) by the designated individuals. Incomplete forms will not be processed.

Graduate Dean's Approval Signature: _____ Date: _____

cc: Registrar's Office