



AMERICAN UNIVERSITY
W A S H I N G T O N , D C

INDEPENDENT STUDY REGISTRATION FORM

Please print the following information.

Student _____ AU ID# _____
(Last) (First)

Phone _____ E-mail _____

Term: Fall Spring Summer 20____

Course Information:

Course Subject _____ - Course Number _____ Credits _____ A-F Pass/Fail

Faculty supervisor _____
(Last) (First)

Project Title _____
(30 characters maximum including spaces)

Brief description of independent study project:

Required Signatures:

Academic Advisor (Please Print)	Academic Advisor Signature	Date
Faculty Supervisor (Please Print)	Faculty Supervisor Signature	Date
Department Chair or Dean (Please Print)	Department Chair or Dean Signature	Date
Student (Please Print)	Student Signature	Date

<p>INSTRUCTIONS TO STUDENTS</p> <p>Obtain all required approvals and submit this completed form to AU Central. You will receive confirmation by e-mail when your registration has been processed.</p>
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