

# UWW Independent Study Registration Form

**Directions**

Students planning to enroll in Individualized Study must complete this form in order to obtain approval and register. Registration is completed administratively for the student. Holds that prevent registration must be resolved before the form will be processed. Plan sufficient time to submit the form and obtain all necessary approvals. Forms must be received by the Registrar Services office no later than the 10<sup>th</sup> day of classes (excluding weekends/holidays).

STUDY NUMBER \_\_\_\_\_

Please indicate the type of individualized study for which you are registering:															
<input type="checkbox"/> Independent Study	Student examination of a carefully designated area of interest that is not covered by a regular, structured course. Student must be a declared major/minor in the area of study.														
<input type="checkbox"/> Tutored Study	A regular course taken by the student under the direction of an instructor outside a formal classroom setting.														
<input type="checkbox"/> Honors Thesis/Creative Project	Student in Honors Program registering for thesis/creative project course (ZHON-395).														
<b>Date</b>	<b>NEIU ID #</b>	0	0	0											
<b>Last Name</b>						<b>First Name</b>									
<b>Term Requested</b>															
<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer IA 20____ <input type="checkbox"/> Summer I 20____ <input type="checkbox"/> Summer II 20____															
<b>CRN</b> <i>(office use only)</i>				<b>Subject</b>			<b>Course #</b>			<b>Section #</b> <i>(office use only)</i>			<b>Credit Hours</b>		
<b>Instructor ID #</b>						<b>Instructor Last Name</b>									
0	0	0							<b>Instructor First Name</b>						

**Student Responsibility for Payment of Educational Services at Northeastern**  
 I understand that I am registering for educational courses at Northeastern Illinois University ("NEIU" or "University"). I hereby acknowledge and agree that I am fully responsible for the cost and expense of all tuition, fees, and other related educational expenses associated with my receipt of educational services at NEIU. I understand that if I do not pay in full the total amount due and at the time of registration, I hereby agree to the terms and conditions of this Financial Agreement for Educational Services at NEIU (full Financial Agreement is on the second page of this form). By signing below, I agree and accept each term of the Financial Agreement and understand the legal implications as stated herein above. Contact the Student Payment Services Office at [studentpaymentservices@neiu.edu](mailto:studentpaymentservices@neiu.edu) or (773) 442-5170 if you have any financial questions prior to the acceptance and execution of this agreement.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dept Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NDP Signature (if needed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Honors Signature (if needed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provost's Office Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Registrar Services Use Only		
Reg Code	Date	Staff Initials

# UWW Independent Study Registration Form

STUDY NUMBER \_\_\_\_\_

Date	UWW Independent Study Credit Hours:    1            2            3		
Semester enrolled:    Fall    Spring    Summer	Year 20 _____	Student ID	
Student		Faculty	
Email		Email	
Phone		Office Phone	
Description of UWW learning outcomes sought through this Independent Study:			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
Description of materials to be submitted for evaluation:			
			Due Dates
1. _____			_____
2. _____			_____
3. _____			_____
4. _____			_____
5. _____			_____
Schedule of student/faculty contact:			
Additional notes/expectations:			
Student Signature: _____		Date _____	
Faculty Signature: _____		Date _____	
Dept. Chair (faculty home dept.): _____		Date _____	
NDP Director Signature: _____		Date _____	