

## INDEPENDENT STUDY FORM

To submit the completed form:

*In person:* Take form to the One Stop for Student Success, Room 101 Campus Ave. Bldg.

*By campus mail:* Send form to Office of the University Registrar, 301 S. Campus Avenue, Oxford  
OH 45056

**REGISTRATION IS NOT COMPLETE UNTIL THIS FORM IS SUBMITTED TO THE ONE STOP FOR STUDENT SUCCESS OR THE OFFICE OF THE UNIVERSITY REGISTRAR**

### STUDENT INFORMATION:

Unique ID: _____	Phone: _____	
Name: _____	_____	_____
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>

### COURSE INFORMATION:

Term:	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Course Subject: _____	Course Number: _____	Section: _____	Cr. Hrs: _____	
To be taken: <input type="checkbox"/> Letter grade	OR <input type="checkbox"/> Credit/No-Credit	Change of Hrs: _____	_____	
		<i>(from)</i>	<i>(to)</i>	
Subject of Study: _____				

### INSTRUCTOR INFORMATION:

Unique ID: _____	Phone: _____	
Name: _____	_____	_____
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>

### REQUIRED SIGNATURES:

Instructor: _____	Date: _____
Dept. Chair/Regional Campus Coordinator: _____	Date: _____