



AMERICAN UNIVERSITY
WASHINGTON, DC

INDEPENDENT STUDY REGISTRATION FORM

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

Phone _____ e-mail _____@_____

Term: Fall Spring Summer 20____

Course Information:

Course # _____ - _____ Credits _____ A-F Pass/Fail

Faculty supervisor _____
(Last) (First)

Project Title _____

Brief description of independent study project:

Required Signatures:

Academic Advisor _____ Date _____

Faculty supervisor _____ Date _____

Department Chair or Dean _____ Date _____

Student's Signature _____ Date _____

INSTRUCTIONS TO STUDENTS

Obtain all required approvals and submit this completed form to the Registrar's Office. You will receive confirmation by e-mail when your registration has been processed.