

**English 399R Independent Study
Application**

Name: _____ ID Number: _____ PO Box: _____

Director: _____ Phone: _____ School Term: _____

Email Address: _____ Credit Hours (up to 4): _____

Writing Intensive? _____ (must be 4 credit hours)

Description

Student's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

**Registration must appear on opus before the end of the Add/Drop period.
Permission number required.**