Faculty Approval for Registration PSYC 685 – Independent Study

N	Vame:				ZID:		_
		Section #:		# of hours: _			
	Semester:	Spring	Summer	Fall	Year:		
I agree to provide the faculty supervision for this student				nt	(Faculty Signature)		
For Office Use	::	Permission entered Student notified	d		(Printed Nam	ne of Faculty)	