|  |  |  |  |
| --- | --- | --- | --- |
| Student's Name: |       | Student's Signature: |       |
| Date:  |       | Semester hours: |  |
| **Guest Instructor Please Complete:** |
| Professor's Name: |       | Professor's Signature: |       |
| Professor’s School: |       | Professor’s Field: |       |
| Professor’s E-mail: |       | Professor’s Phone |       |
| Address for Contract and Payment: |       |
| **Advisor Please Approve Here:** |
| Advisor’s Signature: |       | Course applies to: [ ]  Major; [ ]  Minor; or  |  |
|  |  | Other: |       |  |

 **Garrett Student Please Complete:**

(Typing name in signature line and sending from .edu e-mail address constitutes signature)

|  |  |  |
| --- | --- | --- |
| Semester & Year | Course #(professor’s school – student level) | Course Title:  |
|       | [ ] -699 (masters)      [ ] -799 (DMin)[ ] -999 (PhD) |       |
| Course goals:      |
| List course requirements:      |
| Dates (minimum of 4 meetings): | 1 |       | 2 |       |
|  | 3 |       | 4 |       |
| Bibliography:      |

Copies: registrar, student, professor, academic dean’s office Non-GETS PhD Independent Study.frm Jan-22