

Individual Study Permit

This form must be completed prior to registration and submitted prior to the end of Add/Drop.

	Site:	CWU-Ellensburg	CWU-Des Moines	CWU-Lynnwood	CWU-Pierce County	
		CWU-Moses Lake	CWU-Wenatchee	CWU-Yakima	CWU-Online	Undergraduate (No Degree)
Student's Name			CWU ID#			Post Baccalaureate
						Graduate (Masters)
Term	Session_	Year	_ Cum GPA	_ Major		
			5/U			
Subject	C:	atalog Number	Units Gra	aded Section Number_ (Assigned by Re		er
Course Title			Abbreviated Title			
Instructor Printed Name			Instructor ID#			
awarded must credit awarded Some individu receiving appr	comply with and how for the study per coval and stude items of the stude items of the students and students at (50% of the stu	th that guideline and aculty time will be spe ermits may require that arting the individual s 9) 963-2335. Informa	rationales below must ont. (Use back of form if the purchase of profess study. If you have quest.	explain how student v necessary.) sional and/or medical ions regarding insura	work will meet the I malpractice liabl nce coverage requi	of course work. Credits time required for each ility insurance prior to irements, please contact www.cwu.edu/business-
1. Course desc	cription and	d outline:				
3. Rationale f	for the num on of faculty	J	l Study: d (explain how student	•	-	
APPROVED: Instructor:					Date:	
instructur.					Dutc.	
Chair:					Date:	
Dean or Asso	ociate Dean	:			Date:	
Graduate Pr	ogram Dire	ector: (Graduate students must	also obtain the approval of their Gra	duate Program Director before enr	ollment.) Date:	