

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: | |