



INDIVIDUAL GRADUATE ENROLLMENT

Type of Project: Independent Study Tutorial Research Thesis Internship

1. _____ Degree or Certificate Program _____ Registration Term

2. _____ Last Name _____ First Name _____ Middle / Maiden Name

DEPT. (EVSS)	NO. (690)	CR. (3)	PROJECT TITLE

Description of Project: (attach another sheet if needed)	
Research Requirements: (including bibliography, materials, equipment - attach another sheet if needed)	
Evaluation Criteria and Procedures:	

Student Signature _____ Date

Faculty Supervisor Signature PRINTED LAST NAME _____ Date

Program Director Signature _____ Date

Dean of the Graduate School Signature _____ Date

GSO STAFF ONLY	
Processed by: _____	Date: _____
CRN: _____	Section: _____