

Independent Registration Request

Name _____ BGSU ID _____

Term: Spring Summer Fall YEAR: _____

INDEPENDENT COURSES

Title _____
(maximum of 25 characters)

Instructor's Signature _____ Hours: _____

Please circle appropriate course number:
687-MA 787-PhD Independent Study
685-MA 785-PhD Directed Readings
691-MA 791-PhD Directed Research

Title _____
(maximum of 25 characters)

Instructor's Signature _____ Hours: _____

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691-MA 791-PhD Directed Research