

**REQUEST FOR INDEPENDENT STUDY / UNDERGRADUATE TEACHING
ASSISTANT
DEPARTMENT OF HISTORY (442)**

Name _____ ID# _____

E-Mail _____

I request that I be allowed to enroll in

- HIS 287 Undergraduate Independent Study*
- HIS 291 Undergraduate Teaching Experience in History*
- HIS 400 Graduate Independent Study **

for _____ hours of credit during the _____ semester of the _____ academic year.

(Student)

(Professor)

*(Chairperson) **(Graduate Director)

COMPLETING THIS FORM DOES NOT CONSTITUTE REGISTRATION IN THE COURSE. You must complete the regular registration process.

Independent Study

Working Title:

Brief Outline:

Undergraduate Teaching Experience in History

Course # and Title:

Brief Outline of Duties:

Complete this form, with all required signatures, and return it to the Departmental Office (Schroeder 301) to request an override. Once an override is granted, you will be responsible for completing the normal registration process.

Override Granted _____
Initial Date