



Registrar
 Capin Hall, 165 South Franklin Street | Wilkes-Barre, PA 18766
 570-408-2000 | fax 570-408-4004

WILKES UNIVERSITY
AUTHORIZATION FOR ENROLLMENT IN INDEPENDENT STUDY/RESEARCH COURSES
(PLEASE TYPE OR PRINT)

Student Name: _____

WIN (WILKES ID #) _____ **G.P.A.** _____ **Class Year** _____

Term [circle one]: Fall Spring Summer Intersession

Year: 20 _____

Department _____ **Number of Credits** _____

Course Subject [ex. SOC, PSY, PHA, etc.]: _____

Course Number [circle one]: 395 or 396 or 595 or 596

Descriptive Title: _____

Brief description of proposed independent research:

Approval Signatures:

Research Supervisor _____ **Date** _____

Print Supervisor's Name _____

Academic Advisor _____ **Date** _____

Department Chairperson _____ **Date** _____

Dean of School _____ **Date** _____

RETURN COMPLETED FORM TO THE REGISTRAR OFFICE.