

**GRADUATE PROGRAMS INDEPENDENT STUDY  
REGISTRATION FORM**

Please Print:

Name (last, first, middle): \_\_\_\_\_ Hamline ID: \_\_\_\_\_

Hamline Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I am a graduate student in the following program: \_\_\_\_\_

➤ Return completed registration form to your program office.

**Please register me for:**

Term:  Fall  Winter  Spring  Summer Year: \_\_\_\_\_

Course Title	Credit Value	Instructor

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director/Advisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Description of project (use extra pages as necessary):

- What are the questions to be investigated and/or the goals you hope to achieve?
  
  
  
  
  
  
  
  
  
  
- Describe how you will investigate your questions or goals. *(Include a bibliography, if appropriate.)*
  
  
  
  
  
  
  
  
  
  
- Describe the evaluation criteria for your final product. *(To be completed by student and instructor.)*