VB SC 496 Independent Studies research credit registration form

Enrollment approval for: Department of Veterinary and Biomedical Sciences

date _____

name _____ SID _____

major _____ semester standing _____

phone _____ email _____

effective: FALL SPRING SUMMER _____
year

credits _____ Do you plan to graduate this semester? _____

instructor _____
please print

_____
signature date

LATE ADD REQUIRES DEPARTMENTAL APPROVAL

_____
departmental approval signature date

Return this form to **115 Henning Building**. You must file this form for **each semester** of 496 credit.