

Please print using black ink.

The University of Texas at San Antonio
Office of the Registrar

INDEPENDENT STUDY COURSE FORM

Term: Fall Spring Summer _____
Year

Student's name: _____
Last First Middle

Student ID number @ _____ Phone _____

CRN Subject Course # Section #

Instructor _____
Printed name

Description of topic to be studied:

Description of work to be required of the student and the basis upon which credit and a grade will be assigned:

NOTE: No more than 6 hours of Independent Study may be applied to any UTSA degree.

With a few exceptions, you are entitled on your request to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32.

SIGNATURES:


Student Date _____

Instructor Date _____

Undergraduate or Graduate Advisor Date _____

Department Chair Date _____

Dean's Office Date _____

 This form is accessible at www.utsa.edu/registrar/forms.cfm