



**PERMISSION FORM  
Independent Study/Exit Project**

This form must be completed and submitted to the Office of Student Services, UR 205, *at the time of registration*. All students enrolling in any of the courses listed below must use this form. A separate form must be submitted for each course.

**Name:** \_\_\_\_\_

**Program:**     BA Major: \_\_\_\_\_

MSUS     MPA     MUPDD     MAES     Ph.D.

**Daytime Phone:** \_\_\_\_\_    **E-mail:** \_\_\_\_\_

**Semester/Year:** \_\_\_\_\_    **CSU ID:** \_\_\_\_\_

**Course:** (*check one*)

- |                                  |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> UST 496 | <input type="checkbox"/> UST 696 | <input type="checkbox"/> PAD 697 | <input type="checkbox"/> PDD 696 |
| <input type="checkbox"/> UST 497 | <input type="checkbox"/> UST 697 | <input type="checkbox"/> PAD 698 | <input type="checkbox"/> PDD 697 |
| <input type="checkbox"/> ENV 496 | <input type="checkbox"/> UST 698 |                                  | <input type="checkbox"/> PDD 698 |
| <input type="checkbox"/> USA 496 | <input type="checkbox"/> UST 699 |                                  | <input type="checkbox"/> PDD 699 |
| <input type="checkbox"/> USA 497 |                                  |                                  |                                  |
|                                  | <input type="checkbox"/> UST 897 |                                  |                                  |

**Credit Hours:** \_\_\_\_\_

**The work completed in this course will be graded by:**

\_\_\_\_\_  
(faculty name)

**Brief description of project:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I agree to supervise and grade the project described above.**

\_\_\_\_\_  
(faculty signature)