

**\*\*\* CU-Denver Special Processing Form \*\*\***

**\*\*\* Student Section \*\*\***

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_ School/College \_\_\_\_\_ Major \_\_\_\_\_ Term/year \_\_\_\_\_

Subject. Abbr. \_\_\_\_\_ Course Number \_\_\_\_\_ Section Number \_\_\_\_\_ Credit Hours \_\_\_\_\_

**Student Signature** \_\_\_\_\_ Date: \_\_\_\_\_ Course Title (24 spaces each line) \_\_\_\_\_

**\*\*\*\*\* Independent Study/Thesis Completion Contract \*\*\*\*\***

Consult your school or college for limits and restrictions.

1. Briefly describe the project:

2. What performance/accomplishments will be expected of the student?

3. How many hours per week do you expect the student to devote to the project? \_\_\_\_\_

4. How many hours per week/month will the student and faculty meet \_\_\_\_\_

**\*\*\*\*\* Instructor and Dean's Approval \*\*\*\*\***

❖Instructor's approval is required for all transactions on this form. ❖Dean's approval is required for **Independent Study** courses, **Thesis** courses and late adds.

**Instructor's Signature** \_\_\_\_\_ Date: \_\_\_\_\_

**Instructor's Name - please print** \_\_\_\_\_

**Dean's Signature** \_\_\_\_\_ Date: \_\_\_\_\_

Student is approved for a late add.

Students/Academic Units - Be sure to make a copy of the completed form prior to submitting to the Records Office.

Records use only:  
Date \_\_\_\_\_  
Clrk \_\_\_\_\_  
RR-06/95