

***** 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
