

Enrollment Contract & Registration Form for Independent Coursework

Independent Study / Tutorial Reading / Independent Research

Registrar's Office
160 East Tenth Street, Claremont, CA 91711 • Ph. (909) 621-8285 • Fax (909) 607-7285 • student.records@cgu.edu

Faculty and students use this form to establish coursework and credit expectations for independent graduate courses - i.e., for independent study, tutorial reading, or independent research. The information requested on this form is used to register the student for the activity and to ensure that the coursework is accurately recorded on the student's transcript.

- You MUST provide a brief statement of learning outcomes. Per your department, you may also be required to attach a syllabus or other memo of understanding regarding the goals of this independent coursework.
- Completed forms must be submitted to your department before the add/drop deadline for the term in which the course is to be taken. Semester registration rules and fees (late registration, late change) apply.

Student Information

CGU ID# 254 - _____

Last Name _____ First Name _____ Middle _____

Academic Department _____ Degree Program _____

I would like to enroll in the independent graduate course described below. I acknowledge and agree to abide by CGU policy and procedure governing independent graduate courses of study, including all registration and grading timelines.

Student Signature (Required) _____ Date _____

Course Information

Semester & Year _____

Instructor Name _____ Instructor Institution _____

Subject/Catalog No. _____ Units _____

Proposed Course Topic _____

Grading Basis Anticipated Student/Instructor (Paper, exam, etc.) _____

Meetings (Frequency, Duration) _____

Please provide a short statement of learning outcomes. You may also attach a memo of understanding or syllabus as required by your department.

Instructor's Signature _____ Date _____

Department/Program Approvals

Advisor Name _____ Signature _____ Date _____

Dean/Director Name _____ Signature _____ Date _____

Dept. Admin. Review _____ Signature _____ Date _____

International Student Advisor _____ Signature _____ Date _____

(For F1 or J1 Visa)

Submit Completed Form to Registrar's Office