ARKANSAS TECH UNIVERSITY OFFICE OF STUDENT SERVICES Student I.D. Number (T-number) Date SPECIAL TOPICS, INDEPENDENT STUDY, INTERNSHIP Т Name Enrolled Under (Last, First, Middle, Other) Fall 20 ______ Spring 20 ______ Summer I 20 ______ Summer II 20 Enrollment must be completed during normal registration periods. Student must bring completed form to the Office of Student Services to enroll in course. Form is not complete without required signatures, see below. Major _____ Course Completion Date, if different from end of term _____/____ Course Prefix, Course Number, Instructor and Instructor's "T" number must be completed by department offering the course. *Section number and CRN will be assigned by the Office of Student Services. Instructor Course Course Sec. CRN Instructor Subject Number "T" number No. * 0* Enter title below. Use only the number of characters indicated. Title will appear on the student's transcript. ST: Special Topics Course Title (26 characters maximum including spaces and punctuation) IND: Independent Study Course Title (25 characters maximum including spaces and punctuation) I N T E R N S H I P INT: Reason for the student's undertaking an independent study. Student's Signature Instructor's Signature Date Date

Program C	hair
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Date

Revised 4/02/10