INDEPENDENT COURSES REGISTRATION FORM

|  |  |
| --- | --- |
| Student Name       |  BGSU ID #       |
|  |  |
| E-mail address       | Semester & Year        |
|  |  |

INDICATE ONE COURSE BELOW. USE ONE FORM PER COURSE. PLEASE PRINT/TYPE ALL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| MA & Ph.D. Students |  |  |  |
|  | hrs |  | hrs |
| [ ]  MC 6830 Prob/Topics/Issues Med & Comm |    | [ ]  MC 6950 Workshop in MC (SU Opt) |    |
| [ ]  MC 6940 Workshop in MC (Student Opt) |    | [ ]  MC 6970 Supervised Practicum in MC |    |
|  |  |  |  |
| MA Student | hrs | Ph.D. Student | hrs |
| [ ]  MC 6850 Readings in MC (a.k.a. Ind. Study)  |    | [ ]  MC 7850 Readings in MC (a.k.a. Ind. Study) |    |
| [ ]  MC 6890 Internship in MC |    | [ ]  MC 7890 Internship in MC |    |
| \*Please note that only up to 6 hours of these courses (any combination) count toward an MA or Ph.D. degree.  |

REQUIRED SIGNATURES

(Appendix A required for the signatures)

|  |
| --- |
| “I, the supervising faculty, am willing to guide this student in this course, above my regular load. I believe this will not be excessive in terms of my other responsibilities and interests. “Supervising Faculty’s Name Proposed Faculty Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_“I, the academic advisor, attest that the student has taken the regular courses available to him/her during the indicated semester. The readings course(s) is an integral part of his/her graduate study, which cannot be satisfied through regular courses.” Academic Advisor’s Name Academic Advisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Graduate Coordinator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Appendix A

1. Course Title:

2. Title of Project:

3. Reporting Dates (m/d/yy): **-**

4. Total Contact/Work Hours (Provide a breakdown, e.g., hours X days X weeks = XXX hours total):

5. Supervising Professional (if applicable. If not, put “none” in the boxes)

1. Name/Affiliation & Position:
2. Address
3. Email
4. Phone #

7. Salary (if applicable. If not, put “none” in the boxes)

8. Description of the Project/Comments

9. Expected Learning Outcome(s)

10. Expected Final Output(s) (e.g., literature review, manuscript, white paper, portfolio, etc.)