

**University of Houston – Graduate College of Social Work
Ph.D. Program**

INDEPENDENT STUDY ENROLLMENT REQUEST FORM

Student Name: _____

PeopleSoft ID #: _____ Email Address: _____

Faculty Member Overseeing Course: _____

I would like to enroll in:

_____ Independent Study: SOCW 8398 (3 SCHs)

_____ Independent Study: SOCW 8298 (2 SCHs)

_____ Independent Study: SOCW 8198 (1 SCH)

Year/Semester Course to Be Taken: _____

NOTE: If requesting a summer course, discuss with the instructor the summer session for enrollment to complete the independent study (Summer I, II, III, or IV). Please indicate the summer session # and the year. Refer to the university calendar/summer course schedule for session dates. This information must be noted in order to process this request. **A complete proposal, including evaluation criteria, must be included.**

My Independent Study proposal is attached and I have obtained the signature of the faculty member.

STUDENT SIGNATURE

DATE

FACULTY SIGNATURE

DATE

APPROVAL:

PH.D. PROGRAM DIRECTOR SIGNATURE

DATE

ASSIGNED COURSE AND SECTION NUMBER:

Approved to enroll in the following course:

SOCW _____ Section # _____

ADMINISTRATOR (PRINT)

DATE

