

UNIVERSITY OF NORTH CAROLINA AT WILMINGTON
GRADUATE SCHOOL
GRADUATE INDEPENDENT/INDIVIDUAL STUDY COURSE

NAME: Last, First, Middle _____

STUDENT ID _____

Course prefix: _____

Course number: 591

Credit hours: _____

Course title: _____

Semester: fall spring summer I summer II Year _____

COURSE TITLE to be entered in SIS: Please enter the title below: as it is to be printed on your transcript. Limit to 32 characters.

COURSE DESCRIPTION:

DESCRIBE REQUIREMENTS FOR FINAL EVALUATION:

APPROVAL:

INSTRUCTOR (Signature)

PRINT LAST NAME

DATE

GRADUATE COORDINATOR and/or DEPARTMENT CHAIR

DATE

GRADUATE SCHOOL

DATE

FORM MUST BE SENT TO THE GRADUATE SCHOOL FOR PROCESSING