

**INDEPENDENT STUDY, RESEARCH, and INTERNSHIP APPROVAL FORM**

**To the student:** A description of your independent project must be approved by the supervising professor and department chairperson before the term in which the work is to begin. Please use this form to secure the approval signatures and to specify the descriptive title of your project.

**To the supervising professor and department chairperson:** Please sign below if the project is approved then ask the student to bring this form to the Office of Academic Records so that the student may be enrolled in the appropriate course. **REMINDER:** if the student will not be resident on campus for the term, please notify the Office of International Education (ext 3274).

Student's Name \_\_\_\_\_ Furman ID \_\_\_\_\_

Term \_\_\_\_\_ Course \_\_\_\_\_ Section (if known) \_\_\_\_\_ Credit \_\_\_\_\_

Descriptive title if course numbered 80: \_\_\_\_\_  
(maximum 30 characters)

Printed name and signature of supervising faculty member \_\_\_\_\_

Printed name and signature of department chair \_\_\_\_\_

Approval date \_\_\_\_\_