



American University of Ras Al Khaimah

Permission for Independent Study Form

(Regular Course)

I hereby request permission to enroll in the Independent Study described below:

Student's ID: (_____) Student's Name: _____

Student's Signature: _____

Date: / /

Course Code: (_____) Number of Credits () Semester: _____

Course Title: _____

Attach the syllabus for the course.

To be completed and verified by the Department of the Registrar

Current Student CGPA: _____ Degree Program: _____ Cr Completed: _____

Name of Registrar's staff member: _____

Signature of Registrar's staff member: _____ Date: / /

I hereby agree to supervise the above-named student in the Independent Study described above and in the attached syllabus:

Faculty member's name: _____ Faculty member's signature: _____

I hereby give permission for the student to enroll in the Independent Study described above:

Advisor's Name: _____ Advisor's Signature: _____

Date: / /

Dept. Chair's Name: _____ Dept. Chair's Signature: _____

Date: / /

Dean's Name: _____ Dean's Signature: _____

Date: / /

PLEASE SUBMIT THIS FORM TO THE DEPARTMENT OF REGISTRAR AFTER COMPLETION.

Registrar's Signature: _____

Date: _____

Department of Registrar