

Northern Illinois University
Department of Statistics and Actuarial Science

REQUEST TO ADD INDEPENDENT STUDY, TOPICS OR SEMINAR COURSE
Graduate Students

TO BE COMPLETED BY THE STUDENT:

Full name (please print): _____

Z-ID: _____

Email (please print): _____

Phone: _____

Course number and topic: _____

Number of credit hours: _____

Course instructor: _____

Semester: _____

By signing this form, I, the student, acknowledge that I am aware that I will be registered for the course indicated above, set up as indicated by the course instructor:

Signature of Student

Date

TO BE COMPLETED BY THE COURSE INSTRUCTOR: REVERSE SIDE >>

FOR OFFICE USE ONLY:

Comments:

Registration date: _____

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Course topic: _____

This topic will be printed on the student's transcript, unless otherwise noted. Limit of 30 characters.

Course capacity: _____

Meeting days / times: _____

N/A

Do you need a room to be reserved?

Yes No

If yes, do you require a SMART room?

Yes No

Will this course be meeting together with another course?

Yes No

If yes, which course?

Additional information you feel may be required to create this course:

Signature of Faculty

Date