Application for Independent/Directed Studies 199V or 299V
To be used for General Elective use ONLY
(NOT for replacing area/program requirements)

STEP 1:
Student consults with an instructor and Division Chair regarding the appropriateness of the course. If/when the course is approved by the Chair of the discipline that offers the course, the Records Office will contact the student regarding registration. Student must wait for this contact before attempting to register.

(Please print)
Name  
Last  
First  
Middle Initial  

UH ID/Username  
Major  

Student  
Signature  
Date  

STEP 2:
Together, the instructor and student formulate the project using the form-fillable items below and then print out this document—two pages. Both parties sign and date it. The document, with original signatures, is stapled together, and then submitted to the Chair. The instructor and student must retain their own copies. The Chair of the discipline offering the course completes step 3.

1. Topic or problem under study: _____
2. Objectives: _____
3. Procedures (detailed outline of what the student will do): _____
4. Evaluation method: _____

Instructor  
Signature  
Date  

STEP 3:

The **Chair of the discipline that offers the course** instructs their secretary to schedule the Ind/Dir Studies course requiring special “instructor’s approval.” The instructor for the course is assigned and instructed to prepare the electronic approval override in MyUH for the student. All information and signatures, including the CRN of the Ind/Dir Studies course, must be complete before forwarding this document to the Records and Internal Data Management Office.

Authorization to schedule the following Ind/Dir Studies course:

<table>
<thead>
<tr>
<th>CRN</th>
<th>Alpha</th>
<th>No. (99V or 299V)</th>
<th>Credits</th>
<th>Ind/Dir Studies</th>
<th>Title</th>
</tr>
</thead>
</table>

Grade Mode Option (circle one):  
- for **GRADE**  
- or  
- for **CR/NC**

Division/Dept Chair

Signature ____________________________ Date __________________

STEP 4:

**Records & Internal Data Management Office**

Date the student was contacted to register: ________________

Comments:

For Office use only:

Reviewed by: ____ Date: ________ copy sent to student ___ Instructor ___ Div/Dept Chair ___ Date sent: ________