

Biomedical Sciences Graduate Program

INDEPENDENT STUDY REGISTRATION

DO NOT ENTER COURSE ON DROP-ADD FORM

PART 1- TO BE COMPLETED BY STUDENT & INSTRUCTOR

INSTRUCTIONS

- 1. Fill in All Personal Information
- 2. Obtain Permission and Signature of Instructor

		orm to Department for Processing ill Create Course and Register Student)
NAME:		DATE:
TULANE STUDEN	NT ID:	PROGRAM:
TERM: F=Fall S=Spring M=Summ	YEAR:	TOTAL REGISTERED HOURS (including this course)
COURSE ID:		COURSE CRN:
		CREDIT HOURS:
SPECIFIC TITLE	(CANNOT EXCEED	20 SPACES)
INICEDITICE OD CONTROL OF THE CONTRO	LA MIE.	
INSTRUCTOR'S N	NAME:	
INSTRUCTOR'S II	D:	
Student Signature		Instructor's Signature
PART 2 – TO	BE COMPL	ETED BY DEPARTMENT
INSTRUCTIONS:	 Record Section Number Given to Student Listed Above Fill in All Other Information Pertaining to This Section Keep Form for Your Records 	
ASSIGNED SECTIO	N NUMBER:	
NEW COURSE CR	N:	
Signature		Date