

PERFORMING ARTS DEPARTMENT

Campus Box 1108/935-5858

REQUEST FOR REGISTRATION FOR INDEPENDENT STUDY

OR PRODUCTION PRACTICUM

***** To be completed by student *****

Please fill out the top portion of this form. Remember to save the pdf for your records. Print and submit a hardcopy of this form to the faculty supervisor for the Independent Study or Practicum you are requesting.

Name: _____

School: _____

Student ID #: _____

Year of grad: _____

Email address: _____

Phone: _____

Description of Project:

Student signature: _____

Date: _____

***** To be completed by Faculty Supervisor *****

Faculty Supervisor, please complete the bottom portion of this form, sign and submit a pdf version to Cindy Kahn at ckahn@wustl.edu or a hard copy can be placed in her mailbox in the PAD Office.

Dept: _____ Course number: _____ Section: _____

Number of credits: _____ Grade Option (check one): _____ Credit _____ P/F

Semester registered: _____

Faculty Supervisor Name: _____

Faculty Supervisor signature: _____ Date: _____