

PPPM DEPARTMENT
Permission to Register for Individualized Study

Must be filed with Linda Dent, Room 105, before registration

STUDENT NAME _____ UO ID _____		
Last	First	Middle Initial
TERM _____	Year _____	CRN _____ Email _____
PPPM Course # _____	CREDITS _____	Grading Option _____
TITLE: [topic] (18 characters) _____		
INSTRUCTOR NAME _____		
Last	First	

INSTRUCTOR'S AUTHORIZATION to register

Signature of Instructor _____	Date _____
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USE ONLY FOR COURSES NUMBERED:

401/601 Research

503 Thesis

405/605 Reading & Conference

406/606 Special Problems

609 Terminal Project

Optional requirements for completion of course:

Student's Signature _____	Date _____
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