

Permission to Register for Independent Study

School of Planning, Public Policy and Management

Return completed form to the PPPM office and you will be cleared to register.

STUDENT NAME _____	UO ID _____		
UO EMAIL _____	TERM _____	YEAR _____	
PPPM Course # _____	CRN _____	CREDITS _____	Grading Option _____
TITLE [topic] (18 characters) _____			
INSTRUCTOR NAME _____			

USE ONLY FOR THE FOLLOWING PPPM COURSES:	
401/601 Research	406/606 Special Problems
403/503 Thesis	603 Dissertation
405/605 Reading & Conference	609 Terminal Project

Optional requirements for completion of course:	
_____	_____
Student's Signature	Date

INSTRUCTOR'S APPROVAL	
_____	_____
Instructor's Signature	Date