

Independent Study / Directed Reading / Research Approval Form

Harvey Mudd College, Office of the Registrar

Student Name: _____ **Class of:** _____

Student ID: _____

Course ID: _____ **Course Title:** _____

Department: _____ **Discipline:** _____ **Units:** _____

Semester: **Fall** **Spring** **Summer** **Year:** _____

Instructor's Name (print)

Instructor's Signature

Date