Registrar
Capin Hall, 165 South Franklin Street | Wilkes-Barre, PA 18766
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WILKES UNIVERSITY

WILKES UNIVERSITY
AUTHORIZATION FOR ENROLLMENT IN INDEPENDENT STUDY/RESEARCH COURSES
(PLEASE TYPE OR PRINT)

Student Name:

Year: 20

Number of Credits

Course Subject *[ex. SOC, PSY, PHA, etc.]*:

Course Number *[circle one]*: 395 or 396 or 595 or 596

Descriptive Title:

Brief description of proposed independent research:

Approval Signatures:

Research **Date**