



OFFICE OF THE REGISTRAR

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INDEPENDENT STUDY COURSE REGISTRATION

Student Name: _____ Date: _____

CBU Student ID #: _____ Advisor: _____

Program: D E G Academic Year: _____

Term: Fall Spring Summer Year: _____

COURSE INFORMATION

Course Title & Number: _____ Credits: _____ Grading Style: _____

Course Name: _____

Instructor: _____ Department: _____

A copy of the course syllabus and work to be completed for this course must be attached to this form.

THE FOLLOWING TO BE COMPLETED BY FACULTY/STAFF ONLY

Dean of School Approval Signature: _____ *Reject Request*

Department Chair Approval Signature: _____ *Reject Request*

Academic Advisor Approval Signature: _____ *Reject Request*