

APPLICATION TO ENROLL FOR INDEPENDENT STUDY

(UP 397/597)

Department of Urban and Regional Planning
University of Illinois at Urbana-Champaign

Student Name _____
(Please print)

I hereby apply for permission to enroll in UP _____ during the _____ semester,
under the direction of _____ (faculty member), for
_____ credit. The area of study I wish to pursue during this course is as follows:

Brief title _____

Describe End Product _____

Date the work will be completed _____

I agree to work with this student on the above project and recommend approval of this application.

Faculty signature _____ Date _____

BAUP Coordinator _____ Date _____

or

MUP Coordinator _____ Date _____

* To be completed and placed in the student's file prior to registration in the course.