

UNIVERSITY OF NORTH CAROLINA AT WILMINGTON

GRADUATE SCHOOL

GRADUATE INDEPENDENT/INDIVIDUAL STUDY COURSE

NAME: Last, First, Middle 850  
STUDENT ID

Course prefix: Course number: 591 Credit hours:

Course title:

Semester:      fall              spring              summer I              summer II              Year:

**COURSE TITLE** *to be entered in SIS: Please enter the title below: as it is to be printed on your transcript. Limit to 32 characters.*

COURSE DESCRIPTION:

DESCRIBE REQUIREMENTS FOR FINAL EVALUATION:

APPROVAL:

INSTRUCTOR (Signature)	PRINT LAST NAME	DATE
GRADUATE COORDINATOR and/or DEPARTMENT CHAIR		DATE
GRADUATE SCHOOL		DATE

FORM MUST BE SENT TO THE GRADUATE SCHOOL FOR PROCESSING