College of Charleston

APPLICATION FOR INDIVIDUAL ENROLLMENT

☐ **TUTORIAL** ☐ **INDEPENDENT STUDY** ☐ **RESEARCH SEMINAR**

☐ **FIELD INTERNSHIP** ☐ **SENIOR PAPER** ☐ **BACHELOR'S ESSAY**

This form is to be filled in by the student with the project supervisor's assistance. After signatures of the student and supervisor have been added, this form should be submitted to the Chair of the Department and then to the Registrar's Office.

Student's Name: _____ **Student ID Number:** _____

Course ID Number: ☐☐☐☐–☐☐☐ **Credit Hours:** ☐ **Semester**: ☐

Project Supervisor:_____

Project Title:_____

Project Description:_____

_____

_____

_____

_____

APPROVAL SIGNATURES *(ALL SIGNATURES REQUIRED FOR PROCESSING)*

_____ _____/_____/_____
Student **Date**

_____ _____/_____/_____
Instructor **Date**

_____ _____/_____/_____
Chair of Department/Program Director **Date**

RO USE ONLY:
ADD Processed by:_____
Initials
Date:_____