INDEPENDENT STUDY (HDFS 496)
Department of Human Development and Family Studies

NAME: ______________________________  Number of Credits: ____________________________
PSU ID#____________________________  Semester Taken: FA _____ SP _____ SU_____
Email: ______________________________

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Registration for HDFS 496 may ONLY occur the semester you are doing the course work.  
Registration may NOT be carried from one semester to the next semester.
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Means of Evaluation by Project Advisor:

Project Name: _____________________________________________________________________________________

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Please bring this form with proper signatures to 315 HHDEV East for registration. This course may not be added to your schedule without you being present at the time of registration.
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Student Signature: ___________________________     Date: ______________
Faculty Signature: ___________________________     Date: ______________