

University of Colorado Anschutz Campus
INDEPENDENT STUDY, THESIS AND DIRECTED RESEARCH
APPROVAL FORM

To Be Completed by Student: Term _____ Year _____

Student # _____ Last Name _____ First Name _____ M.I. _____

Dept Abbrev. _____ Course # _____ Cr. Hrs. _____ Course Title _____

Student Signature _____

To Be Completed by Instructor/Advisor/Program Director:

Approved: _____ Instructor's Name: _____

Instructor Signature:

Advisor Signature:

Program Director Signature:

Date _____