

**PERFORMING ARTS DEPARTMENT
REGISTRATION REQUEST FOR INDEPENDENT STUDY
OR PRODUCTION PRACTICUM**

***** **To be completed by student** *****

Please fill out the top portion of this form. Remember to save the pdf for your records. Print and submit a hardcopy of this form to the faculty supervisor for the Independent Study or Practicum you are requesting.

Name: _____

School: _____

Student ID #: _____

Year of grad: _____

Email address: _____

Phone: _____

Description of Project:

Student signature: _____ Date: _____

***** **To be completed by Faculty Supervisor** *****

Faculty Supervisor, please complete the bottom portion of this form, sign and submit a pdf version to Ryadah Heiskell at rjheiske@wustl.edu

Dept: _____ Course number: _____ Section: _____

Number of credits: _____ Grade Option (check one): _____ Credit _____ P/F

Semester registered: _____

Faculty Supervisor Name: _____

Faculty Supervisor signature: _____ Date: _____