



THE GRADUATE SCHOOL
COLLEGE OF CHARLESTON

APPLICATION FOR AN INDIVIDUAL GRADUATE ENROLLMENT PROJECT

(Please indicate below the type of project in which the student will be enrolled.)

___ Independent Study ___ Tutorial ___ Internship
 ___ Research ___ Thesis

Note: This form should be completed for students who need to be enrolled in individual sections of a course. The form must be completed in consultation with the faculty supervisor and must have the agreement of the graduate program director and the department chair.
(Return completed forms to the Graduate School Office.)

STUDENT INFORMATION

Name _____ CWID _____

Address _____
Street City / State Zip Code

Work Phone _____ Home Phone _____ Graduate Program _____

COURSE/ENROLLMENT INFORMATION

Course ID (e.g. HIST 770) _____ Term (e.g. Sp 07) _____ No. Credits _____

Project Title _____

Faculty Supervisor _____ Project Date of Completion _____

Description of Project (attach another sheet if needed) _____

Research Requirements (including bibliography, materials, equipment – attach another sheet if needed)

Evaluation Criteria and Procedures _____

PROJECT AGREEMENT SIGNATURES

Student _____ Date _____

Faculty Supervisor _____ Date _____

Graduate Program Dir _____ Date _____

Department Chair _____ Date _____

The original contract stays in the Graduate Office with a copy being sent to the student and to the project supervisor.

(Revised 12-05)