

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

SCHOOL OF BUSINESS

Business Student Services Office

Independent Study/Internship Approval Form

Student Name: _____ ID #: _____

Student Signature: _____ Date: _____

Please indicate which term and year you are seeking enrollment:

- Fall _____
- Spring _____
- Summer _____

Credit earned for this course will be applied as follows: (for example Marketing elective)

Indicate the course for which you seek enrollment as well as the number of hours credit to be earned:

Undergraduate Numbered Courses

Independent Study Courses

- ACCT490 _____Hrs
- CMIS490 _____Hrs
- ECON490 _____Hrs
- FIN 490 _____Hrs
- MGMT490 _____Hrs
- MKTG490 _____Hrs
- MS 490 _____Hrs

Internship Course

Available to CMIS majors only

- CMIS 488 _____Hrs

Graduate Numbered Courses

Independent Study Courses

- ACCT597 _____Hrs
- CIS 590 _____Hrs
- CMIS597 _____Hrs
- FIN 597 _____Hrs
- MGMT597 _____Hrs
- MKTG597 _____Hrs
- MS 590 _____Hrs

Internship Course

Available for CMIS majors only

- CMIS 587 _____Hrs

Approval of both faculty sponsor and chairperson is required prior to registration.

_____ Faculty Sponsor

_____ Chairperson