

## Independent Study/Advanced Study Projects (ISP/ASP) Authorization Request Form

Name			
Telephone ()			
I would like to register for (Course Title	)		Term
Course No Department Course No.	Section No.	Credit Units	(Department Administrator will assign)
Instructor	Signa	ture	Date
Department Administrator	Signa	ature	Date
ISP/ASP in my department.			ntains sufficient materials to constitute an
Instructor/Department #2		Depa	artment
Signature	Date		
Administrator/Department #2			
Signature	Date		
			alty member in the other department. This department. I will discuss with the other

## **Instructions**

- Complete this form
- Obtain approval and signature of faculty member(s) who will supervise the course, departmental administrator, and MBA Program Office (300 Jon M. Huntsman Hall)
- Keep a copy for your records
- Submit completed form to MBA Program Office (300 Jon M. Huntsman Hall)

faculty member in the other department how the project is to be graded.