



Independent Course in the Field Approval Form

Important Note: Student's must pay the course tuition **prior** to being registered in the class.

Student's Name _____ Student ID # _____

Student's Current Address _____

Student's Home Phone _____ Student's Work Phone _____

Admission Status Graduate Undergraduate

EPN and Title _____

Credit Hours _____ Graduate Credit Undergraduate Credit

Expected Date of Completion Fall 20 _____ Spring 20 _____ Summer I 20 _____ Summer II 20 _____

To Be Completed by the Chairperson of the Department Offering this Course

Instructor's Name _____ Personnel # _____

Instructor's Address _____

ICF Approved ICF Denied *

Signature of Department Chairperson _____

Name of Department _____ Date _____

ICF Approved ICF Denied *

Signature of College Dean _____

Name of College _____ **Date** _____

If this ICF is to be taught by an instructor from another department, the chairperson should send this form to the instructor's chairperson for approval in relation to teaching load.

ICF Approved ICF Denied *

Signature of Department Chairperson _____

Name of Department _____ Date _____

When completed, this form is to be returned to the CMU Online, Central Michigan University, Mount Pleasant, MI 48859 for registration procedures to be completed.

Distribution: Original – CMU Online Copy – Student Copy – Department Chairperson

Tuition _____
Date Due _____
Notification Sent to Student _____
Received _____