



## Independent Course in the Field Approval Form

Student's Name \_\_\_\_\_ U.S. Soc. Sec. No. \_\_\_\_\_

Student's Current Address \_\_\_\_\_  
\_\_\_\_\_

Student's Home Phone \_\_\_\_\_ Student's Work Phone \_\_\_\_\_

Admission Status      Graduate       Undergraduate

Course Reference No. 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 \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

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 Distance/Distributed Learning, College of Extended Learning, Central Michigan University, Mount Pleasant, MI 48859 for registration procedures to be completed.***

**Distribution:**      Original – CEL      Copy – Student      Copy – Department Chairperson

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