

# Independent Study Title Change

Student Name \_\_\_\_\_

Student ID or Social Security Number \_\_\_\_\_

Degree Program \_\_\_\_\_

Date \_\_\_\_\_

Current Title \_\_\_\_\_

New Title (30-character limit) \_\_\_\_\_

Course Prefix and Number \_\_\_\_\_ Quarter \_\_\_\_\_ Credits \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_

*You may submit this form in person, by mail or by fax.*

*Registrar's Office • 2326 Sixth Ave. • Seattle, WA 98121-1814 • fax: (206) 268-4242*

