

HIGH POINT UNIVERSITY

Norcross Graduate School

Independent/Practicum/Thesis Request Form

Student ID #: _____ Term: _____ Year: _____

Full Name: _____

Telephone #: _____

Email: _____

Course to be Added:

| Prefix | Course # | Instructor | Credit Hours |
|--------|----------|------------|--------------|
| | | | |
| | | | |
| | | | |

Student Signature

Date

Instructor

Date

Program Director

Date

Graduate School Processed

Date