



Independent Study Registration Form

Student Name (please print): _____ ID number: _____

Program/Track: _____ Email: _____

Address: _____

City _____ State: _____ Zip: _____

Independent study course:

Course Number/Name: _____ Trimester: _____ Credits: _____ Cost: _____

Classroom hours needed for course if applicable (\$40 per hour for ACP 635): _____ Cost: _____

Faculty Signature: _____ Date: _____

Justification: _____

All signatures for steps 1 through 2 must be acquired in order.

Step 1:
Your Program Director's Signature: _____ Date: _____

Step 2:
Registrar's Signature: _____ Date: _____

(Payment must be provided to process registration)

In signing this authorization, I certify that I am currently enrolled as a student at Maryland University of Integrative Health in good academic standing and have no outstanding financial balance to the institution. In addition, I certify that I am familiar with the regulations governing an independent study class, which include a full commitment to the class.

In submitting this form and payment, I accept and agree to abide by MUIH's student policies and regulations, including the refund policy (available at www.muuh.edu, under Current Students). I understand that I am financially responsible for the cost of the course(s).

Student's signature: _____ Date: _____

Form of Payment

Please check the form of payment and enclose with this form if applicable.

Waived _____ Check \$ _____ Check number: _____

Credit Card (circle one): Visa MasterCard \$ _____

Name on the card: _____ Card number: _____

Expiration date: _____ Verification Code (3 digits): _____

Financial Aid

Director of Financial Aid Signature: _____

Distribution List: Finance (original) Financial Aid Academic Program Assistant Registrar