



SHENANDOAH™

U N I V E R S I T Y

This form is to be used for the following: Independent Study, Directed Study, and Research. This form serves as an addendum to your regular registration.

Date: Month _____ Day _____ Year 20_____

ID#: _____ Name: _____

Dept: _____ Course Number: _____ Credit Hours: _____

Course Title: _____

Semester: Fall _____ Spring _____ Summer I _____ Summer II _____ Year: 20_____

How will this be used in your program?

Description of topics covered and work to be pursued:

I understand that by signing I agree to pay tuition and fees and further acknowledge that I agree to reimburse Shenandoah University the fees of any collection agency, which may be based on percentage at a maximum of 33-1/3%, 12% APR on such debt and all costs and expenses, including reasonable attorney's fees, Shenandoah University would incur in such collection efforts.

Student Signature _____ - Date _____ -

Faculty Member Agreeing to offer instruction Faculty ID # _____ -
Signature _____ Date _____

Advisor Approval
Signature _____ Date _____

Dean Approval
Signature _____ Date _____

Hornet Central _____ Date _____