

ERM 496 - INDEPENDENT STUDY



Project Information:

Student Name: _____ Date: _____

Penn State ID #: _____ Semester Standing: _____

Local Address: _____ Phone Number: _____

E-mail Address: _____ Semester of Project: _____

Faculty Sponsor: _____ Number of Credits: _____

Sponsor's Penn State ID Number: _____

Sponsor's Office Address: _____

Sponsor's Teaching Budget Number: _____

Sponsor's Phone Number: _____

Brief Description of Independent Study Project:

Please Note:

To Complete the registration process, this form must be returned to the ERM office (206 ASI)