



The American University of Rome
Office of the Registrar

Via Pietro Roselli 4, Rome 00153, Italy
Tel. 39-0658330919 Fax: 39-0658330992
e.mail: registrar@aur.edu

Independent Study Course Approval Form

SEMESTER: _____

STUDENT: _____ Major: _____
Last name First name

Current Status: Freshman Sophomore Junior Senior

Course Name and Description: _____

Number of Credits: _____ Name of Professor: _____

Proposed by the Department Chair

Approved by the Provost

Date: _____

Approved Form is to be returned to the Office of the Registrar for registration of the course.

Latest version updated May 24, 2004