

# HIGH POINT UNIVERSITY

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## 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