COLLEGE of CHARLESTON
GRADUATE SCHOOL
UNIVERSITY OF CHARLESTON, S.C.

INDIVIDUAL GRADUATE ENROLLMENT

Type of Project: ☐ Independent Study ☐ Internship ☐ Practicum ☐ Thesis ☐ Tutorial

1. _____ _____ _____
CWID Degree or Certificate Program Registration Term

2. _____ _____ _____
Last Name First Name Middle Name

3. _____ _____ - _____ - _____
College of Charleston Email Phone Number

DEPT. (EVSS)	NO. (690)	CR. (3)	PROJECT TITLE

4. Checklist

Syllabus attached and includes:
- Project description or abstract
- Graduate-level student learning outcomes and course goals
- Graduate-level grading scale and grading rubric with assignment percentages
- Other elements as required or suggested by the syllabus policy

Internship or practicum enrollments include:
- Completed agreement form that identifies host site, site supervisor, and required hour commitment

Thesis enrollments include:
- Approved thesis proposal
- List of committee members

Student has been provided with a copy of the syllabus. Graduate Program Director has reviewed the syllabus.

_____ _____
Student Signature Date

_____ _____
Faculty Supervisor Signature PRINTED LAST NAME Date

_____ _____
Graduate Program Director Signature Date

_____ _____
Graduate School Dean Signature Date

Form should be submitted to Robyn Olejniczak (olejniczakrl@cofc.edu) in the Graduate School office

GSO STAFF ONLY

*Processed by:*_____ *Date:* _____

*CRN:*_____ *Section:*_____