

VALPARAISO UNIVERSITY – OFFICE OF GRADUATE STUDIES  
**DROP/ADD CARD – CHANGE IN REGISTRATION**

**STUDENT ID:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**COURSES DROPPED**

**COURSES ADDED**

DEPT	CRSE NO	SEC	CR HRS.	DEPT	CRSE NO	SEC	CR HRS.
<b>Total Credits Dropped</b>				<b>Total Credits Added</b>			

**Total Credits After Change** \_\_\_\_\_

**Dean's approval for overload** \_\_\_\_\_

**Adviser's Signature** \_\_\_\_\_

After securing adviser's signature, **RETURN THIS CARD ALONG WITH YOUR PROJECT PAPERWORK TO THE OFFICE OF GRADUATE STUDIES.**



#659 LS INTEGRATIVE PROJECT  
**OFFICE OF GRADUATE STUDIES**  
 VALPARAISO UNIVERSITY  
 Valparaiso, Indiana 46383-6493  
 (219) 464-5313 or (800) 821-7685

This form **must** be completed, signed by all the supervising instructor and the Chair of the department, and returned to the Graduate Division Office. Upon approval of the Dean of Graduate Studies, copies will be distributed. **Please note:** This completed form does **not** constitute registration for this course. *The student must turn in the registration form with this integrative project form.*

**A copy of the project paper must be filed in the Graduate Office upon completion.**

DEPARTMENT: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_ STUDENT ID NUMBER: \_\_\_\_\_

1. NAME: \_\_\_\_\_  
 LAST FIRST MIDDLE FORMER NAME

2. PRESENT \_\_\_\_\_  
 NUMBER AND STREET CITY, STATE, ZIP

3. HOME PHONE: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

4. PROJECT IS TO BE UNDERTAKEN IN \_\_\_\_\_ SEMESTER, 200 \_\_\_\_\_ NUMBER OF CREDITS 3  
 THE \_\_\_\_\_

**I. Title of Project:**

Title for Transcript: \_\_\_\_\_ (limit 24 letters & spaces)  
 IP: \_\_\_\_\_

**II. PROPOSED PROJECT**

On an attached sheet, in a typewritten/double-spaced format, describe in one page the subject area(s), thesis, scope, particular approach, etc.

**III. READING LIST**

On an additional attached sheet, in a typewritten format, list at least 5 major references (texts, monographs, articles) that will support the project. References may include both primary and secondary source materials.

Instructor's Name (Printed): \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Chairman's Approval (Printed): \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

For the sake of expediency, you may email your text and references to your supervising instructors and department/program chair. You should request that once they approve the proposal, they email their approval to our office at [graduate.studies@valpo.edu](mailto:graduate.studies@valpo.edu). Please note, it is still your responsibility to ensure that your proposal is completed properly and approved (through signature or email) by the designated individuals. Incomplete forms will not be processed.

Graduate Dean's Approval \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

cc: Registrar's Office