

VALPARAISO UNIVERSITY – THE GRADUATE SCHOOL  
**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 GRADUATE SCHOOL.**



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

This form **must** be completed, signed by both the supervising instructor and program advisor, and returned to the Graduate School Office. Upon approval of the Dean of the Graduate School, 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 School 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 THE \_\_\_\_\_ SEMESTER, 20 \_\_\_\_\_ NUMBER OF CREDITS \_\_\_\_\_ 3

**I. Title of Project:**

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

**II. PROPOSED PROJECT**

*Please submit a typewritten/double-spaced description on 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: \_\_\_\_\_

Program Advisor's Approval (Printed): \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

For the sake of expediency, you may email your text and references to your supervising instructors and program advisor. You should request that once they approve the proposal, they email their approval to our office at [graduate.school@valpo.edu](mailto:graduate.school@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.

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

cc: Registrar's Office