# APPROVAL FORM
Department of Family and Consumer Sciences – Western Michigan University

<table>
<thead>
<tr>
<th>COURSE NO.</th>
<th>COURSE TITLE</th>
<th>CRN</th>
<th>CREDITS*</th>
<th>CONTACT HOURS*</th>
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<tbody>
<tr>
<td>FCS 5900</td>
<td>Problems/Projects</td>
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<tr>
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<td>1st semester TA</td>
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<tr>
<td>FCS 5980</td>
<td>Independent Study</td>
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<td>2nd semester TA</td>
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<tr>
<td>FCS 7100</td>
<td>Independent Research</td>
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<tr>
<td>CTE 6120</td>
<td>Studies in Technology</td>
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*45 contact hours required per credit hour

Student Name: ___________________________ WIN: ___________________________

Mailing Address: __________________________________________________________

Phone: ___________________________ Class (circle one): GR SR JR SO FR

E-Mail: _________________________________________________________________

**FCS 5900 or FCS 5980**
One credit requires minimum of 45 hours of student work per semester

Description: _____________________________________________________________

_______________________________________________________________________

**FCS 7100 or CTE 6120**
(Graduate students only)

Description: _____________________________________________________________

_______________________________________________________________________

Signatures: _____________________________________________________________

Student _______________________________________________________________

Supervisor/Coordinator _________________________________________________

Department Chair _____________________________________________________