



UNIVERSITY OF COLORADO

**INTERDISCIPLINARY  
TELECOMMUNICATIONS  
PROGRAM**

*Permission to Register*  
**TLEN 5920**  
**Independent Study**

Student Name \_\_\_\_\_

Project or course of study

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Time required to complete:

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Description of Work to be submitted for final grade

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Credits allowed \_\_\_\_\_

Faculty signature \_\_\_\_\_ date \_\_\_\_\_

**For projects that require use of the Telecommunications Systems Laboratory resources only:**

Resources Required:

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Calendar Interval when the resources are required:

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Will the student require a Key to the Lab for Project? Yes\_\_\_\_ No\_\_\_\_

Laboratory Manager Approval \_\_\_\_\_ date \_\_\_\_\_

Receipt of this form by email at the program office [itp@colorado.edu](mailto:itp@colorado.edu) from either an ITP faculty member of the ITP laboratory manager is equivalent to signed approval.