Authorization for 699 Undergraduate Directed/Independent Study Credits

School of Medicine and Public Health
UNIVERSITY OF WISCONSIN–MADISON

Instructions:

1. **Complete Student Information & Course Information below. Have your instructor sign the form**
2. **Bring the form to the appropriate Medical School Office listed in the table below**
3. **Within 5-7 business days, you will receive an email with a 5-digit course number**
4. **Sign up via your Student Center in MyUW using the 5-digit course number**
5. **Late requests for 699 authorizations will require your Dean's Office approval - visit Enrollment Deadline Pages for deadlines (https://registrar.wisc.edu/enrollment_deadlines_info.htm)**

STUDENT INFORMATION

Name: _____ **Campus ID:** _____
(Last) (First) (Middle)

Email: _____ **Phone:** _____
Please use @wisc.edu

COURSE INFORMATION

Term (Circle One): Fall Spring Summer

Instructor Name: _____ **Department #:** _____
(Please Print) **3 Digits from table below**

Directed Study instructors must be authorized by their department, have the appropriate academic credentials to teach, and must hold a UW-Madison Instructor Appointment. Instructors are expected to grade their students electronically in their faculty center by the end of the term. Please visit https://kb.wisc.edu/vesta/page.php?id=36263 for policies and guidelines for undergraduate directed/independent study.

As an instructor, I have read, and understand the policies and guidelines for undergraduate directed/independent study. I agree to, and will follow the policies and guildelines set forth by the University of Wisconsin - Madison. I authorize the student to receive permission to enroll in this course.

Instructor Signature: _____ **Date:** _____

Return Form To:
Room 2130, HSLC
Medical Student Services
750 Highland Ave
Fax: (608) 263-1187
studentservices@med.wisc.edu

DEPT#	DEPT NAME
148	Anesthesiology
370	Family Medicine
452	History of Medicine
480	Human Oncology
622	Medical Science
632	Medicine
436	Ob/Gyn
708	Pediatrics
814	Psychiatry
832	Radiology
840	Rehab Medicine
936	Surgery

DEPT#	DEPT NAME	RETURN FORM TO:
144	Anatomy	325 SMI, 1300 University Ave., 262-3714
217	Cell & Regenerative Biology	4531 WIMR, 265-3295, jaander8@wisc.edu
330	Emergency Medicine	Niki Hagen nrhagen@medicine.wisc.edu
616	Medical Genetics	Rm 206, 445 Henry Mall, 262-1069
620	Med Micro & Immunology	1334 MSB, 1550 Linden Dr, 262-3067
621	Medical Physics	Carol Aspinwall 1008 WIMR, 1111 Highland Ave, 6504
676	Neurology	Mary Beth Dunning dunning@neurology.wisc.edu
678	Neurosurgery	Mary Beth Dunning dunning@neurosurgery.wisc.edu
682	Neuroscience	Christina Langston celangston@wisc.edu
700	Oncology	6435 WIMR2, 1111 Highland Ave, 262-4682
702	Ophthalmology	2870 University Ave, Suite 102, 265-4746
704	Pathology & Laboratory Med	3170 MFCB; 1685 Highland Ave, 262-1189
724	Pharmacology	Rm 1005, 1111 Highland Ave, 265-8126
758	Bio-molecular Chemistry	1135 Biochem Bldg, 420 Henry Mall, 262-1347
762	Physiology	125 SMI, 1300 University Ave., 262-2938
810	Population Health	707 WARF, 610 Walnut St, 263-2880

---------- For office use only ----------

Date Student Emailed: _____ Class Section: _____ 5-digit Course Number: _____

Updated 02/03/2021