



315 Falls Avenue
 Twin Falls, ID
 83303-1238 Phone: (208)
 732-6795 Email:
 records@csi.edu

By signing this document I agree to complete the work outlined above. I understand I am bound by the same add/drop and payment deadlines as a regularly scheduled course. I understand failure to complete the agreed upon curriculum by the end of the indicated term could result in failure of the course.

Student Signature: _____ Date: _____

By signing this document I agree to supervise said student in the curriculum outlined above. I understand this is voluntary work in addition to my normal teaching load and I will not be reimbursed for this activity. I understand it is my responsibility to submit attendance and grades according to the deadlines established by the institution.

Instructor Signature: _____ Date: _____

Approval by Academic Affairs

Approved

Disapproved

 Advisor Signature

 Date

Approved

Disapproved

 Department Chair Signature

 Date

Approved

Disapproved

 Instructional Dear Signature

 Date

Office of the Registrar Use Only

Registration Specialist _____ Date _____