



Undergraduate Independent Study Application

Return completed form to:

Biological Sciences majors:.....Biological Sciences Advising: McGowan North, Room 125

Health Sciences majors:.....Health Sciences Advising: McGowan South, Suite 407

Psychology majors:.....Psychology Advising: Byrne Hall Room 451-B

All other CSH majors:.....Office of Advising and Student Services: McGowan South, Suite 400

INDEPENDENT STUDY APPLICATION POLICIES

- Applications will not be processed if they're incomplete, incorrect, or denied.
- Complete applications for independent studies must:
 - include the signatures of the student, instructor and the department chair (or person designated by the Chair)*
 - indicate an equivalent course number and title for course placement and transcript purposes.
- If you attempt to submit your application **after** the last date to add classes for the term, please contact DePaul Central (SAC 101) to verify possible financial aid and tuition implications. (Financial aid for the term may already be disbursed or not available.)

TO BE COMPLETED BY THE STUDENT (Please PRINT)

DePaul ID#: _____ FIRST NAME: _____ LAST NAME: _____

EMAIL: _____ PHONE: _____ HOME COLLEGE: _____

QUARTER: _____ YEAR: _____ CSH DEPT: _____

COURSE NBR: _____ CREDIT HOURS: _____ INSTRUCTOR'S NAME: _____
(EXAMPLE: PSY 399)

COURSE TITLE: _____
(30 Characters Maximum – including spaces)

CSH COURSE PLACEMENT: _____ CSH COURSE EQUIVALENCY : _____
(DEGREE REQUIREMENT, e.g.: Liberal Studies, Major Field, Open Electives, etc.) (EXAMPLE: 300 level PSY Elective requirement. Contact CSHAdvising for placement)

Your signature confirms that you are fully aware of possible academic, financial aid and tuition implications, authorizing the Office of Advising and Student Services to enroll you in the independent study for the term listed above, and that you will adhere to the deadlines found in the academic calendar.

STUDENT SIGNATURE: _____ DATE: _____

TO BE SIGNED BY INSTRUCTOR AND CHAIR

Your signatures confirm that you approve the information entered by the student on this independent study application: the CSH department offering the course, the independent study course number, the credit hours, the course title, the CSH course placement and the CSH course equivalency of the independent study entered above.

INSTRUCTOR SIGNATURE: _____ DATE: _____

INSTRUCTOR ID # _____

CHAIR SIGNATURE: _____ DATE: _____

*(or DEPARTMENT CHAIR DESIGNEE)

FOR OFFICE USE ONLY

ASSOC.#: _____ SECTION: _____ CLASS #: _____

APPROVED BY: _____ ENROLLMENT DATE: _____ 10/2013