DePaul University
College of Science and Health
Department of Chemistry and Biochemistry

Undergraduate Independent Study Form for CHE399

To be completed by the student (please print)

DePaul ID:_____ First Name:_____ Last Name:_____

Email:_____ Home College:_____

Course Information

CSH Dept:_CHE_ Course #:_399_ Credit Hours:____ Term:_____ Year:_____

Print Instructor's Name:_____

Course Title (30 characters maximum, including spaces)_____

CSH Course Placement (*e.g.*, major field, minor field, open electives)_____

CSH Course Equivalency (*e.g.*, 300-level CHE requirement)_____

Your signature confirms that you are fully aware of possible academic, financial aid and tuition implications, authorizing the Department of Chemistry and Biochemistry 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 the instructor and the chair

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

Instructor signature_____ Date_____

Chair signature_____ Date_____

For Office Use Only: