

UNDERGRADUATE INDEPENDENT STUDY APPLICATION

INDEPENDENT STUDY APPLICATION POLICIES

- Independent studies do not carry over; a new form must be completed for each course every term
- 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 either entirely disbursed for the term 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: PSY INSTRUCTOR: _____

COURSE NBR: **(check one)**

- PSY 390 PSY research, 2 CREDITS (Fill out PSY 390 goals form with instructor)
- PSY 390 PSY research, 4 CREDITS (Fill out PSY 390 goals form with instructor)
- PSY 396 HONORS, 4 CREDITS (REQUIRES HONORS APPLICATION & ACCEPTANCE TO PROGRAM)
- PSY 397 Experiential Learning /PSY RESEARCH, 4 CREDITS (Fill out PSY 397 goals form with instructor)
- PSY 397 Experiential Learning/PSY RESEARCH, 2 CREDITS (Fill out PSY 397 goals form with instructor - take twice)
- PSY 398 TUTORING/MENTORING IN PSYCHOLOGY, 2 CREDITS
- PSY 398 TUTORING/MENTORING IN PSYCHOLOGY, 4 CREDITS
- PSY 399 (Requires department approval as an exception)

CSH COURSE PLACEMENT: _____ CSH COURSE EQUIVALENCY: _____
(DEGREE REQUIREMENT, e.g.: Major Field, Open Electives, etc.) EXAMPLE: PSY 390 or 300 level PSY Elective)

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:** _____

Your signature confirms 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 (or Designee – Theresa Luhrs) _____ **DATE:** _____

Turn in form to Elizabeth Jackson, Byrne 451-B. Registrations must be finalized prior to end of 5th week or college approval required.

FOR OFFICE USE ONLY

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

APPROVED BY: _____ **ENROLLMENT DATE:** _____ etj: 1/2016