



# Undergraduate Independent Study Application

### POLICIES

- Applications will not be processed if they are 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, when applicable.
  - 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: \_\_\_\_\_ HOME COLLEGE: \_\_\_\_\_

### COURSE INFORMATION

CSH DEPT: \_\_\_\_\_ COURSE NBR: \_\_\_\_\_ CREDIT HOURS: \_\_\_\_\_ TERM: \_\_\_\_\_ YEAR: \_\_\_\_\_

INSTRUCTOR'S NAME: \_\_\_\_\_

COURSE TITLE: (30 Characters Max – including spaces) \_\_\_\_\_

CSH COURSE PLACEMENT: \_\_\_\_\_ CSH COURSE EQUIVALENCY : \_\_\_\_\_

(DEGREE REQUIREMENT, e.g., Major Field, Minor Field, Open Electives, etc.

(e.g., 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: \_\_\_\_\_

### 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 placement and equivalency of the independent study entered above.*

INSTRUCTOR ID # \_\_\_\_\_ INSTRUCTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CHAIR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*(or designee, if applicable)

**\*\*Return completed form to [jzimmer3@depaul.edu](mailto:jzimmer3@depaul.edu)\*\***

(FOR OFFICE USE ONLY) ASSOC. #: \_\_\_\_\_ SECTION: \_\_\_\_\_ CLASS #: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ ENROLL DATE: \_\_\_\_\_