



## Undergraduate Independent Study Application

**Psychology Students, please return completed form to Elizabeth Jackson, 451-B, and you will receive email when registered. (The goals forms are a contract for you and instructor and do not get turned in.)**

### 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 CREDIT HOURS (Fill out PSY 390 goals form)
- PSY 390 PSY research, 4 CREDIT HOURS (Fill out PSY 390 goals form)
- PSY 396 HONORS, 4 CREDIT HOURS (REQUIRES HONORS APPLICATION & ACCEPTANCE TO PROGRAM)
- PSY 397 JYEL /PSY RESEARCH, 4 CREDIT HOURS(Fill out PSY 397 goals form)
- PSY 398 TUTORING/MENTORING IN PSYCHOLOGY, 2 CREDIT HOURS (Fill out PSY 398 goals form)
- PSY 398 TUTORING/MENTORING IN PSYCHOLOGY, 4 CREDIT HOURS (Fill out PSY 398 goals form)
- PSY 399 (Requires department approval as 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: \_\_\_\_\_

**TO BE SIGNED BY INSTRUCTOR AND CHAIR (PSY STUDENTS – give form to Liz Jackson)**

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 # \_\_\_\_\_ **(please provide)**

CHAIR SIGNATURE: **(Dr. Luhrs, Dept. designee)** \_\_\_\_\_ DATE: \_\_\_\_\_

**\*(or DEPARTMENT CHAIR DESIGNEE) Registrations need to be resolved prior to end of 5<sup>th</sup> week or college approval required.**

#### FOR OFFICE USE ONLY

ASSOC.#: \_\_\_\_\_ SECTION: \_\_\_\_\_ CLASS #: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ ENROLLMENT DATE: \_\_\_\_\_ 5/2012