

Graduate Independent Study Registration Request Form

This form is to be used by graduate students in the College of Science and Health to request registration in an **independent study course, a dissertation/thesis research course, or an individual internship course**. This form must be fully completed and have the signatures of both the instructor and the graduate program director prior to email submission to the Office of Advising and Student Services. Any form that is not correctly completed or approved will be returned to the student. Requests must be submitted to the Office of Advising and Student Services by the first week of the quarter in which independent enrollment is planned.

Please click typewrite icon above, enter information and return via email to CSHRegistration@depaul.edu - Attn: Associate Director of Graduate Student Services.

Student Information	
Name:	DePaul ID:
Program:	
Phone:	Email:

Course Information		
Department:	Course Number:	Credit Hours:
Term: <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year:	
Course Topic (30 characters or less, including spaces; Required for Independent study and Internship courses)		

Student Name	Signature	Date
Instructor Name	Signature	Date
Program Director	Signature	Date

For Office of Advising and Student Services Only

Section Number	PeopleSoft Class Number	Course Created On:	Registered On: