TO BE COMPLETED BY THE STUDENT (Please PRINT)

DePaul ID#: ______________________ FIRST NAME: ______________________ LAST NAME: ______________________

EMAIL: ______________________ PHONE: ______________________ HOME COLLEGE: ______________________

QUARTER: ______________ YEAR: ______________ CSH DEPT: ______________________

COURSE NBR: ______________ CREDIT HOURS: ______ INSTRUCTOR’S NAME: ______________________

(COURSE TITLE: ______________________________________________________________
(30 Characters Maximum – including spaces)

CSH COURSE PLACEMENT: ______________________ CSH COURSE EQUIVALENCY : ______________________

(DEGREE REQUIREMENT, e.g.: Liberal Studies, Major Field, Open Electives, etc.) (EXAMPLE: 300 level PSY Elective requirement. Contact CSHAdvising for placement)

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 equivalency of the independent study entered above.

INSTRUCTOR SIGNATURE: __________________________________________________________________ DATE: ______________

INSTRUCTOR ID #: ______________________

CHAIR SIGNATURE: __________________________________________________________________ DATE: ______________

*(or DEPARTMENT CHAIR DESIGNEE)

FOR OFFICE USE ONLY

ASSOC.#: ______________ SECTION: ______________ CLASS #: ______________

APPROVED BY: ______________ ENROLLMENT DATE: ______________