



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: **399** CREDIT HOURS: _____ TERM: _____ YEAR: _____

PRINT INSTRUCTOR'S NAME: _____

COURSE TITLE: (30 Characters Max – including spaces) _____

CSH COURSE PLACEMENT: _____
(DEGREE REQUIREMENT, e.g.: Major Field, Minor Field, Open Electives, etc.
Liberal Studies Placement must be approved by the CSH Exceptions Committee)

CSH COURSE EQUIVALENCY : _____
(EX: 300-level CHE 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 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 CSHAdvising@depaul.edu****

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