



DEPAUL UNIVERSITY

INDEPENDENT STUDY COURSE REQUEST FORM SCHOOL OF EDUCATION

Terms: AUTUMN ___ WINTER ___ SPRING ___ SUMMER I ___ SUMMER II ___ **Year:** _____

***Request must be made before the last add deadline for the term indicated.**

Student's Information:

(Name) Last, First

Contact Phone Number

Student's Signature

Date

Student's ID #

E-mail Address

Independent Study Course Regulations:

1. Must have instructor's, department chair's and the Associate Dean's signatures.
2. Instructotr, please note: Applies only for the quarter indicated above. If this course carries over into a future quarter, **you must assign the student an IN grade**; once the coursework is complete process an online change of grade.
3. **This form will be returned to the instructor if incomplete or unapproved.**

Course Number

Quarter Hours
(1- 12hrs)

Specify Equivalent DePaul
Course if Applicable

Course Title

Print & Signature of Instructor Directing Course

Date

Signature of Department Chair

Date

Signature of Associate Dean

Date

Details of work expectations for the independent study must be explained on reverse side or provide copy of syllabus.