



DEPAUL UNIVERSITY

INDEPENDENT STUDY COURSE REQUEST FORM COLLEGE OF EDUCATION

Term: Autumn ___ Winter ___ Spring ___ Summer I ___ Summer II ___

Academic Year: _____

(*Request must be made before the add deadline for the term indicated)

Student's Information:

Last Name, First Name

Student's ID #

Student's Signature

Date

E-mail Address

Phone Number

Independent Study Course Regulations:

1. Instructor, 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 completed you can submit a change of grade.
2. 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 (no more than 35 characters)

Printed Name & Signature of Instructor Directing Course

Date

Signature of Department Chair

Date

Signature of Associate Dean

Date

Details of work expectations for the independent study (or copy of syllabus) must be attached.

Independent Study Form Instructions

Step 1 ~ Get the form

A copy of the Independent Study Form can be found here:

https://education.depaul.edu/student-resources/policies-and-forms/Documents/forms_library/Independent%20Study%20Form%20Jan%202016.pdf

Step 2 ~ Complete the form

Students are responsible for completing the top portion of the form and then submitting to the instructor. The instructor is responsible for obtaining signatures.

Step 3 ~ Resolve any holds

Students are responsible for resolving any registration holds prior to completing the registration form.