



DEPAUL UNIVERSITY  
COLLEGE OF COMMERCE

APPLICATION FOR INDEPENDENT STUDY

**INSTRUCTIONS:** Please print all information requested clearly and submit to faculty sponsor. Completion of this form does not constitute registration. All Independent Study courses **MUST** have the approval of both the instructor and department chair. The completed application is forwarded to the Commerce Undergraduate Program Office (8500 DPC) for processing.

**To be completed by the student:**

Name: \_\_\_\_\_ DePaul ID #: \_\_\_\_\_  
 Email Address \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**To be completed by the instructor and the department chair:**

This student has my permission to take as an Independent Study (check one):  
 Accountancy \_\_\_\_\_ Economics \_\_\_\_\_ Finance \_\_\_\_\_ Business Law/Management \_\_\_\_\_ Marketing \_\_\_\_\_  
 Dept \_\_\_\_\_ Course # 399 Equivalent Course # \_\_\_\_\_  
 Course Title \_\_\_\_\_  
 Hours of Credit \_\_\_\_\_ Quarter (check one) Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ SSI \_\_\_\_\_ SSII \_\_\_\_\_  
 \_\_\_\_\_  
 Instructor Signature \_\_\_\_\_ Print Name \_\_\_\_\_ DPU ID# \_\_\_\_\_  
 The Independent Study course listed above has been approved by the Department Chair:  
 \_\_\_\_\_  
 Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

**For office use only:**

Dept \_\_\_\_\_ Course # \_\_\_\_\_ Section # \_\_\_\_\_ Class # \_\_\_\_\_ Term \_\_\_\_\_  
 Data Entry Date \_\_\_\_\_ Transaction completed by \_\_\_\_\_  
 Copy to: Department \_\_\_\_\_ Student File \_\_\_\_\_