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 (5200 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: ___________________________

Updated 9/27/06