College of Liberal Arts & Social Sciences
Application for Undergraduate Independent Study

COMPLETED FORM MUST BE RETURNED TO THE LAS UNDERGRADUATE COLLEGE OFFICE
2352 N. Clifton Ave., Suite 130, Chicago IL 60614 - FAX (773) 325-7311
lasregistration@depaul.edu

INDEPENDENT STUDY APPLICATION POLICIES

· Independent studies do not carry over; a new form must be completed for each course every term
· Complete applications for standard independent studies must:
  · be submitted **no later than the last day to add classes for the term - the last day of the first week of a traditional quarter.**
  · include the signatures of the student, instructor and the department chair.
  · indicate an equivalent course number and title for course placement and transcript purposes.
· Applications will not be processed if they're incomplete, incorrect, or denied.
· 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 either entirely disbursed for the term or not available.)
· **Independent study applications submitted after the last day to add classes for the term may be automatically denied**

TO BE COMPLETED BY THE STUDENT
Please TYPE the following information and PRINT:

DePAUL ID#: _____   FIRST NAME: _____   LAST NAME: _____

EMAIL: _____   PHONE: _____   HOME COLLEGE: _____

QUARTER: _____   YEAR: _____   LAS DEPT: _____

COURSE NBR: _____   CREDIT HOURS: _____   INSTRUCTOR: _____
(EXAMPLE: PSC 399)

*COURSE TITLE: _____

*LAS COURSE PLACEMENT: _____   *LAS COURSE EQUIVALENCY : _____
(DEGREE REQUIREMENT)   (EXAMPLE: PSC 323 or 300 level PSC Elective)

*Required; application will not be processed without this information. Please call 773/325-7892 with any questions.

Your signature confirms that you are fully aware of possible academic, financial aid and tuition implications, authorizing the undergraduate college office 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 LAS department offering the course, the independent study course number, the credit hours, the course title, the LAS course placement and the LAS course equivalency of the independent study entered above.

INSTRUCTOR SIGNATURE: _____   DATE: _____

CHAIR SIGNATURE: _____   DATE: _____

FOR OFFICE USE ONLY

SECTION: _____   CLASS # : _____   PERMISSION # : _____

APPROVED BY: _____   ENROLLMENT DATE: _____