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: ___________________________

Updated 9/27/06