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