



DEPAUL UNIVERSITY

COLLEGE OF COMPUTING AND DIGITAL MEDIA

Independent Study Application

Year _____				<input type="checkbox"/> Autumn	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer(10w)	<input type="checkbox"/> Summer I	<input type="checkbox"/> Summer II
Last Name _____			First Name _____		Initial _____		DePaul Student ID _____		
Address _____							E-Mail Address _____		
City _____		State _____		Zip Code _____		Phone Number _____			

Independent Study Enrollment Instructions

1. In consultation with the supervising faculty member, prepare a description of the course you wish to complete and attach the description to this form. The description should include details on how your work will be evaluated and how frequently you will meet with the faculty member.
2. Complete this form, attach the course description and return the form to the supervising faculty member for his/her signature.

Your request will be presented to the Associate Dean for final approval. It takes 5 to 7 business days to process the request. If approved, you will receive an email with the code necessary for you to enroll in the class from Campus Connect. If your request is not approved, you will be notified as soon as possible.

Incomplete forms, including those without the required information in the course description will be returned to the student without a decision.

For Faculty Use Only

Subject _____ Course # _____ # of Cr. hrs. _____

Course Title _____

Faculty Member Name (Please print clearly) _____

Faculty Member Signature _____

For Administrative Office Use Only

DPU Equivalent _____

Dean's Action Approved Denied

Dean's Signature _____

Course # _____

PS# _____ PS Quarter _____

Date Processed _____ Initials _____