



DEPAUL UNIVERSITY

College of Liberal Arts & Sciences
Application for Undergraduate Independent Study

**COMPLETED FORM MUST BE RETURNED TO THE LA&S COLLEGE OFFICE
2352 N. Clifton, Suite 130, Chicago IL 60614 - FAX (773) 325-7311**

INDEPENDENT STUDY POLICIES

- Independent studies do not carry over; a new form must be completed each quarter.
- Applications for standard independent studies must:
 - be submitted **no later than the end of the first week of the quarter.**
 - include the signatures of both the instructor and the department chair.
 - indicate an equivalent course number or course title for transcript purposes.
- Applications for **Junior Year Experiential Learning (JYEL)** credit independent studies must:
 - be submitted **no later than the end of the first week of the quarter.**
 - include the signatures of both the instructor and the department chair.
 - include the signature of the * associate dean for undergraduate studies.
 - indicate an equivalent course number or course title for transcript purposes. Please see the Liberal Studies JYEL website: http://las.depaul.edu/lsp/public_html/overview/jy_index.htm
 - be accompanied by the instructor's completed JYEL independent study approval form
- Applications will not be processed if they're incomplete, incorrect, or denied.
- If you submit your application **after** the last date to add, 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 quarter or not available.)

TO BE COMPLETED BY THE STUDENT

Please PRINT or TYPE the following information:

QUARTER/YEAR _____ COLLEGE _____ MAJOR _____
 LAST NAME _____ FIRST _____ STUDENT ID# _____
 ADDRESS _____ PHONE _____
 CITY _____ STATE _____ ZIP _____ EMAIL: _____

Your signature confirms that you are fully aware of possible financial aid and tuition implications, authorizing the college office to enroll you in the independent study for the term listed above, and that you will adhere to the academic calendar.

STUDENT SIGNATURE _____ DATE _____

TO BE COMPLETED BY THE INSTRUCTOR, CHAIR, and *ASSOCIATE DEAN (if necessary)

DEPT # _____ COURSE # _____ CREDIT HOURS _____ EQUIVALENT COURSE _____
 TITLE _____ INSTRUCTOR _____
 INSTRUCTOR SIGNATURE _____ DATE _____
 CHAIR SIGNATURE _____ DATE _____
 *ASSOCIATE DEAN SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

DATE REC'D _____ QUART/YEAR _____ COLLEGE _____ CRT Entry _____
 DEPT: _____ COURSE # _____ SECTION # _____ Class# _____
 APPROVED BY _____ Enrollment date: _____