

**IMMACULATA UNIVERSITY  
REQUEST FOR INDEPENDENT STUDY  
UNDERGRADUATE**

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II \_\_\_\_\_ Summer Full \_\_\_\_\_

College: CUS \_\_\_\_\_ CLL \_\_\_\_\_ CG \_\_\_\_\_

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security/Student ID # \_\_\_\_\_

Course Number \_\_\_\_\_ Credit Hours \_\_\_\_\_

Title of Independent Study \_\_\_\_\_

\_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH A SYLLABUS TO THIS FORM.**

Reason for Independent Study: \_\_\_\_\_

\_\_\_\_\_

Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Dean: \_\_\_\_\_ Date: \_\_\_\_\_

*All Independent Studies must be approved by the end of the drop/add period.*

Total credits AFTER this transaction \_\_\_\_\_