

## Request for an Independent Study

**This is not a registration form.**

**To the student:** Please work on Parts I and II of this form in consultation with the instructor. After you have been granted permission to take the course [described below] and this form has been processed [3-5 business days], you will be registered for this course. Please submit all documentation, including the syllabus to the Registrar's Office, Lownik-103, for processing. You will receive the confirmation by email to your Benedictine University student email from the Office of the Registrar.

**PART I To be completed by the student and instructor**

NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_  
Last First

COURSE: \_\_\_\_\_  
Subject Catalog # Class section Course Name Credit hours

TERM: Fall  Winter  Spring  Summer  20\_\_

REASON FOR REQUESTING INDEPENDENT STUDY:

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\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

**PART II To be completed by the instructor**

MEETING SCHEDULE: \_\_\_\_\_

\_\_\_\_\_  
 Instructor's Name (Print)

\_\_\_\_\_  
 Instructor's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Department Chair's Signature/Approval

\_\_\_\_\_  
 Date

**Instructions to Department Chair** Please attach the course syllabus to this form and submit the package to the Registrar's office.

**PART III To be completed by the Registrar's Office**

\_\_\_\_\_  
 Date Processed

\_\_\_\_\_  
 Processor's Signature