

**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 **Office of the Registrar, 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# \_\_\_\_\_  
(Print) Last First

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

TERM  Fall  Winter  Spring  Summer 20\_\_\_\_\_

REASON FOR REQUESTING INDEPENDENT STUDY

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature Date  
*\*At this time, all signatures, where required, must be hand-written on the form\**

**PART II To be completed by the instructor** *\*At this time, all signatures, where required, must be hand-written on the form\**

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 Office of the Registrar, Lownik 103.

**PART III To be completed by the Office of the Registrar**

\_\_\_\_\_  
Date Processed Processor's Signature