Please check one box only:

- Independent Study: An Independent Study is a course proposed by a well-prepared student who wishes to pursue a specific advanced scholarly topic that is not available through regularly scheduled course work. This type of study is largely the responsibility of the initiating student. In most cases, sponsorship will be by full-time faculty.

- Course By Arrangement: A Course By Arrangement is restricted to a catalog course needed to graduate which is not offered by the University during a given semester.

TO BE COMPLETED BY THE STUDENT (Please PRINT)

STUDENT ID #: __________________ NAME: ____________________________

LEVEL: _____Undergraduate _____Graduate _____Doctoral

SEMESTER: _____ Fall _____ Winter (College of Pharmacy only) _____ Spring _____ Summer, Year: ___________

Student’s Signature: __________________________ Date: __________

TO BE COMPLETED BY THE SPONSORING FACULTY MEMBER (Please PRINT)

Note: Please use 295, 395 or 495 numbers for independent study in all subject areas and 695 in Psychology.

SUBJECT AREA: __________________ COURSE #: __________________

(Course area abbreviations, e.g. PSYC, ENGL)

COURSE TITLE: __________________

CAMPUS: ________ CREDIT HOURS: ________ GRADE MODE: ________

(N- Normal letter grades, P – Pass/Fail)

SECTION: __________ CRN: __________

(Registrar Only)

For Independent Study only:

Please attach a typed description of the proposed independent study course. This proposal should include the following elements:

1. Description of the Study

   Please identify the specific objectives for this study.

2. Required Academic Time

   Explain how the independent study course will have an equivalent workload of a regular course. What activities (library research, laboratory research, writing, etc.) will the student be involved in to meet the objectives of this course? What is the anticipated completion date?

3. Work To Be Evaluated

   Indicate the work that will be evaluated.

Approvals:

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<tr>
<th>Name – Please print</th>
<th>Signature:</th>
<th>Date:</th>
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<tr>
<td>Instructor:</td>
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<td>Department Chair or Program Director:</td>
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<tr>
<td>College Dean: (Not Required for College of Arts &amp; Sciences and College of Education)</td>
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Please return completed form in person, by e-mail, by mail or by fax to:
Office of the Registrar, Chicago: 425 S. Wabash Ave., 1M14 Chicago, IL 60605, (312) 341-3535 fax: (312) 341-3660
Office of the Registrar, Schaumburg: 1400 N. Roosevelt Blvd., Schaumburg, IL 60173, Rm. 125, (847) 619-7950/7951 fax: (847) 619-7960
Email: registrar@roosevelt.edu