



Office of the Registrar

INDEPENDENT STUDY OR COURSE BY ARRANGEMENT CONTRACT

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 #: \_\_\_\_\_

(Use standard 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)

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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.

Registration Agreement: I have read and will abide by all Roosevelt University policies and regulations, including the withdrawal and refund policies. I am responsible for all charges incurred by this registration. I also acknowledge that my registration will be cancelled if I am suspended and I may not attend class(es) unless officially registered. I understand that if I default in making full payments to my account that my account may be placed for collections. Upon placement, I will be responsible for paying all collection fees incurred by the University as a result of pursuing any unpaid balance. The collection agency fee is based on a percentage of my balance, not to exceed 35% of the account balance. In the event my account is turned over to an outside collections agency, it will have a negative impact on my credit report.

Approvals:

Table with 3 columns: Name - Please print, Signature, Date. Rows include Instructor, Department Chair or Program Director, and College Dean (Not Required for College of Arts & Sciences and College of Education).

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