

LOYOLA UNIVERSITY NEW ORLEANS
INDEPENDENT STUDY REGISTRATION FORM

Year	Term	Subject	Course #	Section	Instructor's Name

Course Title (27 characters)	Credit Hours	Grade Type

Session Code: ___1st ___2nd ___Law Other: _____

Student's Name	Campus Wide ID (CWID)

College:

___A&S ___Business ___Music/Media ___Law ___Nursing/Health

Student's Signature	Date
Department Chair's Signature	Date
Instructor's Signature	Date
Dean's Signature	Date

====> PLEASE ATTACH A COPY OF THE COURSE SYLLABUS FOR APPROVAL

Student – obtain all signatures and submit this form to the Office of Student Records (TH 204)

Undergraduate Courses #'s

- 495 - Special Project**
- 496 - Seminar**
- 497 – Internship**
- 498 - Research Project**
- 499 - Independent Study**

Graduate Course #'s

- 895 - Special Project**
- 896 - Seminar**
- 897 - Internship**
- 898 - Research Project**
- 899 - Independent Study**