

LOYOLA NEW ORLEANS

INDEPENDENT STUDY REGISTRATION FORM

Year	Term	Subject	Course #	Sec #	Instructor's Name

Course Title (27 characters)

Session Code	Student's College	Credit Hrs	Grade Type
___ First Session ___ 1 st 6 Wk Session	___ HN ___ SS		
___ Second Session ___ 2 nd 6 Wk Session	___ HNN ___ SSN		
___ Law ___ 1 st 8 Wk Session	___ BU ___ MA		
___ 2 nd 8 Wk Session	___ LAW		

Student's Name	Campus Wide ID or SSN

Student's Signature

Department chair's Signature

Instructor's Signature

Dean's Signature

STUDENT - obtain all signatures and submit this form to the Office of Student Records

Undergraduate Course #'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