

Loyola University New Orleans Independent Study Request Form

Year	Term	Subject	Course #	Sec #	Instructor's Name

Course Title (27 characters)

Academic Term	Student's College	Credit Hours	Grade Type
			Letter or Pass/Fail

Weekly Instructor Contac Hours

Weekly Student Research/Project Hours

Student's Name

Campus Wide ID

Student's Signature

Instructor's Signature

Department Chair's Signature

Associate/Assistant Dean's Signature

Please attach complete syllabus

STUDENT: Obtain all signatures and submit this form to your Associate or Assistant Dean.

Undergraduate Course Numbers

495-Special Creative Project

497-Internship

498-Research Independent Project

499-Independent Study (non-research)

Graduate Course Numbers

495-Special Creative Project

497-Internship

498-Research Independent Project

499-Independent Study (non-research)