**College of Arts & Sciences – Independent Study Request Form**

**Faculty: After signing, forward form for processing directly to:**

CAS students with last names A-J, Sara Clark, [srclark@loyno.edu](mailto:srclark@loyno.edu)

CAS students with last names K-Z, Elisabeth Lee, [emlee@loyno.edu](mailto:emlee@loyno.edu)

CAS Honors students with last names A-Z, Christina DiMaggio cedimagg@loyno.edu

ATTACH A COPY OF THE COURSE SYLLABUS FOR APPROVAL.

The syllabus must contain a list of assignments, & must link possible-points-earned to grade/s.

Term Year Subject Course # Section # Instructor’s Name

(by Registrar)

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Course Title (27 characters) Credit Hours Letter Grade or Pass/Fail

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| --- | --- | --- |
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Student’s Name Campus Wide ID # (CWID)

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Signature or include approvals for each person in the email used to send the form. Date

|  |  |
| --- | --- |
| Student: |  |
| Instructor: |  |
| Department Chair: |  |
| CAS Sara Clark, Elisabeth Lee, or Christina DiMaggio |  |

Undergraduate Courses Numbers Graduate Course Numbers

495 - Special Project, 496 - Seminar 895 - Special Project, 896 - Seminar

497 – Internship, 498 - Research Project 897 – Internship, 898 - Research Project

499 - Independent Study 899 - Independent Study