

**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](mailto: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 # (by Registrar)	Instructor's Name

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

Student's Name	Campus Wide ID # (CWID)

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

Graduate Course Numbers  
 895 - Special Project, 896 - Seminar  
 897 – Internship, 898 - Research Project  
 899 - Independent Study