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

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

CAS students with last names A-J, Sara Clark, srclark@loyno.edu

CAS students with last names K-Z, Veronica Aviles, aviles@loyno.edu

ATTACH A COPY OF THE COURSE SYLLABUS FOR APPROVAL.

The syllabus must contain a grading scale and a breakdown of assignments and grading policy.

Term Year Subject Course # Section # Instructor’s Name

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

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 students w/last names A-J, Sara Clark:CAS students w/last names K-Z, Veronica Aviles: |  |

Undergraduate Courses #’s Graduate Course #’s

495 - Special Project 895 - Special Project

496 - Seminar 896 - Seminar

497 – Internship 897 - Internship

498 - Research Project 898 - Research Project

499 - Independent Study 899 - Independent Study