

**IMMACULATA UNIVERSITY
REQUEST FOR INDEPENDENT STUDY
UNDERGRADUATE**

Semester: Fall_____ Spring_____ Summer I_____ Summer II_____ Summer Full_____

Name of Student: _____

Address: _____

Social Security/Student ID # _____

Departmental Independent Study Number _____ **# of Credits** _____

Title of Independent Study _____

Description: _____

PLEASE ATTACH A SYLLABUS TO THIS FORM.

Reason for Independent Study: _____

Faculty Member: _____ **Date:** _____

Department Chair: _____ **Date:** _____

Academic Dean: _____ **Date:** _____

All Independent Studies must be approved by the end of the drop/add period.