



Enrollment in an Independent Study Course 7995-Health Sciences Professional

Purpose: Used **ONLY** by students admitted to the Doctor of Physical Therapy program or Physician Assistant program to enroll in a course whose mode of instruction offers the student an opportunity to study or research a topic or subject matter in-depth with a current Marquette faculty of his/her choice that is usually not offered in the established curriculum and independent of the classroom setting.

Student Instructions

1. Register via CheckMarq for all other courses you may also be taking. Do **not** wait until the Independent Study course is processed.
2. Complete Sections 1 & 2 of this form, using a computer.
 - a. **a handwritten form will not be accepted.**
 - b. an incomplete form will not be processed and will be returned to you for completion.
3. Print the form using the 'Print Form' button.
4. Sign the form in Section 3; a digital signature is **not** acceptable.
5. Obtain instructor information and signature in Section 4.
6. Forward the form to the College of Health Sciences for approval.

Note: requests are not processed until after the start of the registration period for a semester.

College of Health Sciences Instructions

1. Approve request with signature in Section 5.
2. If needed, provide copies of this form to the student and the instructor of the course.
3. After approval, send the request to the home college of the independent study course. The home college will register the student for the course.

Section 1: Student Information

Name

Last name, First name, Middle name _____

Address _____

Phone _____

Email _____

@marquette.edu

MUID _____

Program _____

Rationale for this request _____

Section 2: Independent Study Course Information

Subject Code _____

(e.g. BISC)

Credit Hours _____

Grading Basis _____

Year _____

Session _____

Term _____

Fall, Spring, or Summer

Specific Title. The course will not be recorded on the student's record unless a specific title is provided. Use a maximum of **60 characters**.

Section 3: Student Statement/Signature

I am aware of the number of hours per week this Independent Study requires, and I affirm that I will work that number of hours. If I become unable to work the required number of hours, I will notify my department to have my credits changed appropriately.

Signature of Student _____

Date _____

Section 4: Instructor Information and Signature

Signature below verifies this student will be monitored in accordance with the contact hour requirements of the University Scheduling policy and the Independent Study will be utilized as defined in the Purpose above.

Instructor's Name _____

Instructor's MUID _____

Signature of Instructor _____

Date _____

Section 5: College of Health Sciences Approval

Signature below verifies this student will be monitored in accordance with the contact hour requirements of the University Scheduling policy and the Independent Study will be utilized as defined in the Purpose above.

College of Health Sciences Signature _____

Date _____