



College of Health Sciences  
Marquette University



**Independent Study Course 4995/7995**

(To be filed in addition to the Independent Study All-University Form)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

MUID#: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**4995/7995** Independent Study Title: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Total Number of Independent Study credits completed to date: \_\_\_\_\_

Number of Credits (current application): \_\_\_\_\_ Semester/Session and Year: \_\_\_\_\_

Count towards Major Course Requirement:

Count towards Elective Course Requirement:

Schedule of Meetings with Supervisor - Weekly, Bi-Weekly, Monthly, etc.:

\_\_\_\_\_

Description of the topic and its' relationship to your academic goals and course of study:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tangible Result of 4995/7995- Work to be graded by Supervisor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_