



Enrollment in an Independent Study Course 4995-Undergraduate

Purpose: Used by Undergraduate students to request enrollment 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 below.
4. Sign the form in Section 3; a digital signature is **not** acceptable.
5. Obtain all signatures as indicated in Section 4.
6. Submit this request to the college or dean's office of your home college. **All colleges: the deadline to submit this request is the Thursday of the 1st week of Session 1 for fall and spring terms. The deadline for summer term is the Thursday of the first week of Session 6.**
7. Confirm your registration in this course via CheckMarq after allowing five days for processing.

Home College Office Instructions:

1. Approve request with signature in Section 5.
2. If needed, provide copies of this form to the student, instructor, department and the college or dean's office of the college offering the course.
3. After approval, scan the request to the Office of the Registrar via ImageNow. If this course causes a credit overload, the Credit Overload form must be sent with this request. The Office of the Registrar will register the student for the course.

Note: Independent Study requests for traditional Undergraduate students will be scheduled in Session 1 for fall/spring and in Session 6 for summer; Professional Studies Programs enter session in Section 5.

Section 1: Student Information

Name

Last name, First name, Middle name _____

Address _____

Email

@marquette.edu

MUID _____

College _____

Rationale for this request _____

Number of credits in which you are currently enrolled _____

if this request will take you over the maximum credit load allowed for your college, you must also submit a Credit Overload request with this form.

Section 2: Independent Study Course Information

Subject. Code _____

H Course

Credit Hours _____

Grading Basis _____

Year _____

Term _____

(e.g. ENGL)

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 that 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 Signatures

Signatures below verify this Independent Study will be conducted in accordance with the contact hour requirements of the University Scheduling policy and will be utilized as defined in the Purpose above.

Instructor Name _____

Instructor MUID _____

Signature of Instructor _____

Date _____

Signature of Dept. Chair _____

Date _____

Signature of Dean/Designee of College Offering the Course _____

Date _____

Section 5: Home College Approval/Signature

Signatures below verify that 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.

Home College Degree Requirements: _____ Major _____ Minor _____ Elective _____ Session *(Professional Studies Program only)*

If major or minor, list specific requirement *(e.g. British Literature)* _____

Signature of Dean/Designee of Student's Home College *(if different from above)* _____

Date _____