College of Health Sciences
Marquette University

Independent Study Course Addendum (4995/4995H, 7995/7995H)

Complete and submit with the university independent study form (www.marquette.edu/central/registrar/forms.php)

Student Name: ______________________________ MUID: __________________ Major: __________

Independent Study Title (must be 60 characters or fewer including spaces):

________________________

Total Number of Independent Study credits to date: __________

Number of Credits (this course): __________ Semester and Year: __________________________

Count towards (check one): ______ Primary Major Requirement

______ Elective Course Requirement

______ Other: explain __________________________(2nd major, minor, etc.)

Schedule of meetings with supervisor – weekly, bi-weekly, monthly, etc.:

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Tangible result of this work i.e., work to be graded by faculty mentor:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

For Office Use Only:

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<thead>
<tr>
<th>Date Completed</th>
<th>Completed by</th>
<th>Action</th>
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<tbody>
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<td></td>
<td></td>
<td>Section number built in CLSS: (1XX non-honors or 9XX for honors)</td>
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<tr>
<td></td>
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<td>Faculty assigned to section</td>
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<td>High Impact UG Research attribute request to be added in comments</td>
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<td>Student enrolled in course</td>
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<td>Subtitle added to transcript notes</td>
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<td>Confirmation email sent to student/faculty (and cc Dr. Lobner if “H” section)</td>
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Notes