

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:

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