



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:
