Independent Study Course Registration

There are 2 forms that must be completed and turned into the College of Health Sciences Dean’s Office for Independent Study Course Registration. You are required to obtain all signatures before submitting it to the Dean’s Office.

1. **Request Enrollment in an Independent Study Course 4995 – Undergraduate**

   OR

   Request Enrollment in an Independent Study Course 7995 – Health Sciences Professional

   Section 1: Student Information and Section 2: Independent Study course Information must be completed on the computer before printing and obtaining signatures. *Handwritten forms will not be accepted.* This form can be found on Marquette Center, under Forms – Academic, as **Independent Study Course – Undergraduate 4995 or Independent Study Course Professional 7995**

2. **College of Health Science Independent Study Course 4995 / 7995 Addendum**

   This form includes the description of the topic and its relationship to your academic goals and course of study along with what the tangible results will be, and how you will be graded.

**Tips for completing the Request Enrollment in an Independent Study Course forms:**

**Credit Hours** – How many credits are you seeking to earn with this independent coursework

**Grading Basis** –
- Graded – You want to earn a letter grade (A-F)
- Credit / No Credit – Credit earned with the equivalent of a ‘C’ or better

**Session** – Refers to the date range in which the coursework will be completed.

- **Fall / Spring Semesters**
  - Session 1 is the traditional 16 week semester
  - Session 2 is the 1st 8 weeks of the semester
  - Session 3 is the 2nd 8 weeks of the semester

- **Summer Sessions**
  - Session 1 is the 1st 6 weeks
  - Session 2 is the 2nd 6 weeks
College of Health Sciences

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

Complete and submit with the university independent study form: [www.marquette.edu/central/registrar/forms.php](http://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>
<tr>
<td></td>
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<td>Section number built in CLSS: (1XX non-honors or 9XX for honors)</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