



# Enrollment in an Independent Study Course 6995-Graduate School (Masters)

Purpose: Used **ONLY** by Graduate School students to request enrollment in a course whose mode of instruction offers the student an opportunity to study or research in 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 request in Section 3; a digital signature is **not** acceptable.
5. Obtain the signatures of the **instructor** and the **Chairperson** or **Director of Graduate Studies** of the department offering the course in Section 4.
6. Forward the form to the Graduate School.
7. Confirm your registration in this course via CheckMarq after allowing five days for processing.

### Graduate School Instructions:

1. Approve request with signature in Section 5.
2. If needed, provide copies of this form to the student, the instructor and the Chairperson or Director of Graduate Studies of the department offering the course.
3. After approval, scan the request to the Office of the Registrar via ImageNow. The Office of the Registrar will register the student for the course.

### Section 1: Student Information

Name \_\_\_\_\_  
*Last name, First name, Middle name*

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ @marquette.edu

MUID \_\_\_\_\_ Program \_\_\_\_\_

Rationale for this request \_\_\_\_\_

### Section 2: Independent Study Course Information

Subject Code \_\_\_\_\_ Credit Hours \_\_\_\_\_ Grading Basis \_\_\_\_\_ Year \_\_\_\_\_ Session \_\_\_\_\_ 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 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 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.*

Instructor's Name \_\_\_\_\_ Instructor's MUID \_\_\_\_\_

Signature of Instructor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Dept. Chair or Director of Grad. Studies \_\_\_\_\_ Date \_\_\_\_\_

### Section 5: Graduate School Approval

*Signature verifies 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.*

Signature of the Graduate School \_\_\_\_\_ Date \_\_\_\_\_