



Enrollment in an Independent Study Course 7995-Health Sciences Professional

Purpose: Used **ONLY** by students admitted to the Doctor of Physical Therapy program or Physician Assistant program to enroll in a course whose mode of instruction offers the student an opportunity to study or research 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.
4. Sign the form in Section 3; a digital signature is **not** acceptable.
5. Obtain instructor information and signature in Section 4.
6. Forward the form to the College of Health Sciences for approval.
7. Confirm your registration in this course via CheckMarq after allowing five days for processing.

College of Health Sciences Instructions

1. Approve request with signature in Section 5.
2. If needed, provide copies of this form to the student and the instructor of 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. BISC) *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 Signature

Signature below verifies 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 _____

Section 5: College of Health Sciences Approval

Signature below verifies 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.

College of Health Sciences Signature _____ Date _____