ADLER UNIVERSITY

Office of the Registrar - CHICAGO CAMPUS
E-mail: registrar@adler.edu
Fax: (312) 277-0918 • Phone: (312) 662-4130

INDEPENDENT STUDY REQUEST FORM

IMPORTANT: IF YOU ARE USING A MAC AND COMPLETE THE FORM IN PREVIEW MODE, CHOOSE PRINT FROM THE FILE MENU AND THEN USE THE DIALOG BOX THAT POPS UP AND SELECT "SAVE AS A PDF". THE FORM MAY BE BLANK WHEN EMAILED IF YOU DO NOT FOLLOW THIS STEP.

INSTRUCTIONS:

DO NOT PRINT FORM! COMPLETE THE FORM AND ROUTE VIA E-MAIL.

To Student:
1. Obtain approval signatures, via e-mail, in the order they appear below.
2. Consult with your instructor and obtain course requirements and evaluation methods.
3. Return this form via e-mail to registrar@adler.edu after **ALL SIGNATURES** are obtained. *Forms that are dropped off will not be accepted*.
4. Maintain a copy for your records.
5. Submit completed work to instructor by established due date.

To Faculty:
1. Establish due date (no later than the end of the current term)
2. Provide student with course requirements and evaluation methods for the independent study.

TO BE COMPLETED BY STUDENT:

1. **Date:** _____

2. **Student's Name:** _____

3. **Student ID #:** _____

4. **Program:** _____

5. **Term for Independent Study:** _____

6. **Reason for Requesting the Independent Study:** _____

_____

TO BE COMPLETED BY INSTRUCTOR: - *Please see the current catalog for course number, title, and credits to be awarded.*

1. **Designated Instructor:** _____

2. **Due Date (no later than the end of the current term):** _____

3. **Course Prefix & Course Number:** _____

4. **Credits to be Awarded:** _____

5. **Title of Independent Study:** _____

6. **Brief Description of Independent Study:** _____

_____

_____

□ Approved   □ Not Approved

Course Prefix & Course Number (from above):_____ **Term for Independent Study:**_____

1st: Student's Signature: _____ **Date:** _____

PLEASE TYPE YOUR SIGNATURE

APPROVAL SIGNATURES

2nd: Advisor's Signature: _____ **Date:** _____

PLEASE TYPE YOUR SIGNATURE

3rd: Program Director's Signature: _____ **Date:** _____

PLEASE TYPE YOUR SIGNATURE

4th: Program Chair's Signature: _____ **Date:** _____

PLEASE TYPE YOUR SIGNATURE

5th: Instructor's Signature: _____ **Date:** _____

PLEASE TYPE YOUR SIGNATURE

REGISTRAR'S OFFICE USE ONLY:

Rep Initials & Date Received:_____ **Rep Initials & Date Processed:**_____