

**DREXEL UNIVERSITY  
LEBOW COLLEGE OF BUSINESS  
INDEPENDENT STUDY REQUEST FORM**

**READ ALL INSTRUCTIONS CAREFULLY BEFORE FILLING OUT AND SUBMITTING THIS FORM!**  
**IT IS HIGHLY RECOMMENDED THAT YOU FILL OUT THIS FORM WITH EITHER YOUR ADVISOR OR SPONSORING FACULTY MEMBER!**

**This form should be filled out by any student wishing to complete an Independent Study for any LeBow College of Business subject. This form is good only for LeBow College of Business courses, to complete an Independent Study in a different college, please see an advisor for that college.**

**ALL INFORMATION MUST BE COMPLETE OR THE REQUEST CANNOT BE PROCESSED!** The deadline for returning this form to **KEVIN MONTGOMERY** in the **Dean's Office, Matheson-106**, is the **first Friday of the term**. If this form is submitted late, enrollment into the Independent Study course **will be delayed and/or possibly denied**.

**RULES AND POLICIES**

**\*\*\*Please initial where indicated "\_\_\_" to verify that you have read\*\*\*  
**\*\*\*and understood the following rules and policies.\*\*\*****

- \_\_\_ Independent Study forms are due before the FIRST Friday of the term.
- \_\_\_ All Independent Study forms received on time will be added to your schedule during the THIRD (3<sup>rd</sup>) WEEK of the term.
- \_\_\_ Independent Study forms received after the DROP/ADD period (end of 2<sup>nd</sup> week) will only be processed with the signature of the appropriate Associate Dean. (Dr. Hindelang) .
- \_\_\_ This is the only form necessary to add an Independent Study. Do not complete a Drop/Add slip, they do not contain the appropriate information to add this course.
- **\_\_\_ If this form is not completed properly, it will not be processed. All information is required. ALL CRITERIA MUST BE MET OR THE INDEPENDENT STUDY WILL NOT BE PROCESSED.**
- **UNDERGRADUATE Students who are interested in completing an Independent Study may do so only if one of the following conditions apply: (Please initial only the criteria which apply to you)**
  - \_\_\_ The topic of study is not offered through course work at Drexel
  - \_\_\_ If you are of Senior classification and the course which is necessary to complete degree requirements is offered your last term but is impossible to schedule due to another course conflict.
  - \_\_\_ If you are of Senior classification and the course is necessary to complete degree requirements and has not been offered during your last THREE (3) terms of school.
- **GRADUATE Students who are interested in completing an Independent Study may do so if the following conditions apply: (Please initial only the criteria which apply to you)**
  - \_\_\_ The topic of study is not offered through course work at Drexel.
  - \_\_\_ If the course is necessary to complete degree requirements and either is not offered or is impossible to schedule due to another course conflict.

***Please note that any Independent Study submitted after the Drop/Add period must be accompanied by Advisor's Documentation in order for Associate Dean to sign this form. (i.e., SEE YOUR ADVISOR!)***

**I have read the policies above and am eligible for an Independent Study course.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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INDEPENDENT STUDY REQUEST FORM

**ALL INFORMATION IS REQUIRED FOR PROCESSING**

**Student Name (Please Print):** \_\_\_\_\_ **UNIV ID#:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Student Level:** UG GR PHD **Class (Check One):** FR SO PJ JR SR

**Term (Check One):** Fall Winter Spring Summer **Term Year:** \_\_\_\_\_

**Course Subject (Check One):** **Course ID (Check One)**  
ACCT ECON INTB MKTG POM 499 (UG)  
BLAW FIN MGMT OPR STAT 699 (GR)  
BUSN HRMT MIS ORGB TAX 990 (PHD)

**Proposed Course Title:** \_\_\_\_\_  
This is the Title that will appear on your Transcript (Cannot exceed 25 characters)

**Credits for this Course:** \_\_\_\_\_

**Brief Description of Course:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this course being used to substitute for a required course?  
Yes No If Yes, list Course ID \_\_\_\_\_ (SEE YOUR ADVISOR to fill out a Substitution Form)

Is this course being offered this term? Yes No  
If yes, please state why you are unable to register for this course. (Attach additional sheets if necessary)

How many credits NOT INCLUDING ANY INDEPENDENT STUDIES will you be registered for this term? \_\_\_\_\_

You will not be assigned a course/section number until this form is returned to the Dean's Office (106, Matheson Hall) and APPROVED. The course will be added to your schedule by the end of the third week of class.

**Approvals:**

	Print Name	Signature	Date
1. Supervising Faculty Member	_____	_____	_____
2. Department Head	_____	_____	_____
3. Advisor	_____	_____	_____
4. Associate Dean*	_____	_____	_____

(\*Only needed after the DROP/ADD period, which is the end of the second week of the Term)

FOR OFFICE USE ONLY		Course Rubric	
Dean's Office	Date Received: _____	By: _____	Course: _____
Processed	Date Processed: _____	By: _____	Section: _____
			CRN: _____