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 (3rd) WEEK of the term.

• Independent Study forms received after the DROP/ADD period (end of 2nd 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

Revised 7/2007

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DREXEL UNIVERSITY
LEBOW COLLEGE OF BUSINESS
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:

1. Supervising Faculty Member
   Print Name: ___________________________ Signatures: ___________________________ Date: ___________________________

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

Dean’s Office
Date Received: ____________ By: ____________ Course Rubric

Processed
Date Processed: ____________ By: ____________ CRN: ____________

Revised 7/2007