Drexel University

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**Policy Title: Independent Study Contract No.**

**Effective Date: Fall 2020**

**Supersedes: N/A**

**Next Review: 2025**

Drexel University Independent Study Request Form

Name: Click or tap here to enter text.

University ID#: Click or tap here to enter text.

Email: Click or tap here to enter text. Phone: Click or tap here to enter text.

Date: Click or tap to enter a date.

College or School: Choose an item.

Major: Click or tap here to enter text.

Status: Choose an item.

Classification: Choose an item.

Academic Year: Click or tap here to enter text.

Term: Choose an item.

Course Subject (Prefix): Click or tap here to enter text. Course ID: Choose an item.

Proposed Course Title: Click or tap here to enter text.

Proposed Course Credits: Choose an item.

Brief Description of Course: Click or tap here to enter text.

State the reason for requesting this course and how it fits in your degree plan: Click or tap here to enter text.

How many credits NOT INCLUDING INDEPENDENT STUDIES will you be registered for this term: Click or tap here to enter text.

Course Instructor: Click or tap here to enter text.

Instructor Email: Click or tap here to enter text.

I have a completed & signed a contract with the Course Instructor that complies with the guidance set forth in the independent study policy (please attach):