



INDEPENDENT / SPECIAL STUDY

Holy Names University · 3500 Mountain Blvd., Oakland, CA 94619

FORMS MUST BE COMPLETED AND RETURNED BY THE END OF THE ADD PERIOD TO BE ACCEPTED.

Date _____

Student Name _____ S.S. / I.D.# ■ ■ ■ - ■ ■ - □ □ □ □

_____ **94/194/294/394** (Special Study) _____
Department Course Title Units

_____ **198/298/398** (Research) _____
Department Course Title Units

_____ **199/299/399** (Independent Study) _____
Department Course Title Units

**Special studies are only open to seniors or those with extenuating circumstances.*

This course is to be scheduled in FS FT 1 FT 2 SS ST3 ST4 Summer Year _____

This course is to be taken for Letter Grade CR/NC

Advisor's signature _____ Date _____

Instructor's signature _____ Date _____

Division Chair's signature _____ Date _____

Registrar's signature _____ Date _____

**Please fill out back page.*

I understand that this class is subject to the same drop, add, incomplete and withdrawal policies as the courses in the regular schedule.

Student's signature _____ Date _____

(OVER)



ADDITIONAL FORM FOR INDEPENDENT / SPECIAL STUDIES

Return this form to the Student Resource Center by the end of the add period

TO BE COMPLETED FOR ALL 94/194/294/394 COURSES

Please indicate below why the student needs to take this existing course as a special study. (Remember, special studies are only open to seniors or those with extenuating circumstances!)

TO BE COMPLETED FOR ALL 199/299/399 AND 198/298/398 COURSES

Please indicate course title: _____

Please describe what subject matter will be covered in this course:

Please indicate what assignments student will need to complete in order to pass this course:

***All signatures must be obtained**

Student's signature _____ Date _____

Instructor's signature _____ Date _____

Advisor's signature _____ Date _____

Registrar's signature _____ Date _____