



**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.**

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
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*

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### 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!)

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### 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:

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

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### **\*All signatures must be obtained**

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor's signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor's signature \_\_\_\_\_ Date \_\_\_\_\_

Registrar's signature \_\_\_\_\_ Date \_\_\_\_\_