



INDEPENDENT/SPECIAL STUDY FORM

HOLY NAMES UNIVERSITY

3500 Mountain Blvd., Oakland, CA 94619

FORMS MUST BE COMPLETED AND RETURNED BY THE SEMESTER AND/OR TERM ADD DEADLINE TO BE ACCEPTED.

Date _____

Student Name _____

I.D.#

_____ **94/194/294/394 (Special Study)** _____

Department _____ **Course # and title of course the Special Study will replace** _____ **Units** _____

This is a regularly offered course required for graduation that is not being offered again before the student's expected date of graduation. The special study may be taught as a tutorial or to an individual student. Special studies are open to seniors, graduate students, and others under extenuating circumstances. These courses are identified with the numbers 94/194/294/394.

_____ **198/298/398 (Research)** _____

Department _____ **Course Title** _____ **Units** _____

198 is the course number used for undergraduate research, and 298 for graduate thesis or directed Master's project.

_____ **199/299/399 (Independent Study)** _____

Department _____ **Course Title** _____ **Units** _____

This is an individual study not provided in regular courses, arranged by a student with a faculty member, and approved by the Division/Department Chairperson and the Registrar. It may involve 1-3 units, and is listed on the transcript with the number 199/299/399 and with a descriptive title. Independent study is not available to freshmen or audit students.

This course is to be scheduled in: **YEAR:** _____ (e.g.:2016) (Please appropriate box below)

<input type="checkbox"/> Fall Semester	<input type="checkbox"/> Spring Semester	<input type="checkbox"/> Summer Semester
<input type="checkbox"/> Fall Term 1	<input type="checkbox"/> Spring Term 3	<input type="checkbox"/> Summer Term 5
<input type="checkbox"/> Fall Term 2	<input type="checkbox"/> Spring Term 4	<input type="checkbox"/> Summer Term 6

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

Advisor's signature _____

Date _____

Instructor's name & signature _____

Date _____

Print last name signature

Division Chair's signature _____

Date _____

Registrar's signature _____

Date _____

Please complete both pages.

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 _____



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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. Please include the course number of the course this Special Study will replace. (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:

Student's signature _____ Date _____

Instructor's signature _____ Date _____

Advisor's signature _____ Date _____

Registrar's signature _____ Date _____