

**LOYOLA UNIVERSITY NEW ORLEANS**  
**INDEPENDENT STUDY REGISTRATION FORM**

Year	Term	Subject	Course #	Section	Instructor's Name

Course Title (27 characters)	Credit Hours	Grade Type

Session Code:    \_\_\_1<sup>st</sup>    \_\_\_2<sup>nd</sup>    \_\_\_Law    Other: \_\_\_\_\_

Student's Name	Campus Wide ID (CWID)

College:

\_\_\_A&S    \_\_\_Business    \_\_\_Music/Media    \_\_\_Law    \_\_\_Nursing/Health

Student's Signature	Date
Department Chair's Signature	Date
Instructor's Signature	Date
Dean's Signature	Date

**====> PLEASE ATTACH A COPY OF THE COURSE SYLLABUS FOR APPROVAL**

**Student – obtain all signatures and submit this form to the Office of Student Records (TH 204)**

**Undergraduate Courses #'s**

- 495 - Special Project**
- 496 - Seminar**
- 497 – Internship**
- 498 - Research Project**
- 499 - Independent Study**

**Graduate Course #'s**

- 895 - Special Project**
- 896 - Seminar**
- 897 - Internship**
- 898 - Research Project**
- 899 - Independent Study**