Loyola University New Orleans Independent Study Request Form

Year	Term	Subject	Course #	Sec #		Instructor's Nam	ie	
Course Title								
Student'	s College			Credit	Hours	Select Gra	Select Grade Type	
						Letter	Pass/Fail	
Student's Name					Campus Wide ID			
Student's Signature			ı	Instructor's Signature				
Department	Chair's Signat	ure	·		Honors Program Director (if appropriate)			
Associate/As	ssistant Dean'	s Signature	i					
		Plea	ase attach	n comple	te syllabı	us		
STUDENT: O	btain all signa	tures and sub	omit this form	to your Asso	ciate or Assis	tant Dean.		
Undergraduate Course Numbers				Graduate Course				
Numbers								
495-Special Project				895-Special Project				
496-Seminar				896-Seminar				
497-Internship				897-Internship				
498-Research Project				898-Research Project				
499-Independent Study				899-Independent Study				