



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.#

Special Study: _____
Course #
Course Title
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 regular course number and "Special Study" in the title.

Research: _____ **198/298/398** _____
Department
Course Title
Units

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

Independent Study: _____ **199/299/399** _____
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 class is to be scheduled in: **YEAR:** _____ (e.g.:2019) (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** (If left blank, class will default to letter grade)

Please complete both pages for all course types.

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 _____

Advisor's signature _____

Date _____

Instructor's name & signature _____

Date _____

Print last name signature

Dean's signature _____

Date _____

Registrar's signature _____

Date _____



INDEPENDENT/SPECIAL STUDY FORM

HOLY NAMES UNIVERSITY

3500 Mountain Blvd., Oakland, CA 94619

TO BE COMPLETED FOR ALL SPECIAL STUDY CLASSES

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 RESEARCH (198/298/398) AND INDEPENDENT STUDY (199/299/399) 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:

Complete all sections and signatures before submitting to the Student Resource Center for the Registrar's signature.