

Saint Joseph's University
College of Arts and Sciences
College of Business and Administration

Student Application for Independent Study,
Directed Readings, Research, and Similar Courses

Date: _____

Student's Name (Please Print) _____

Student's Major _____

Year in College: Sophomore Junior Senior

Cumulative Quality Point Average _____

Semester in which course is to be taken _____

Course Title _____ Course
No. _____

Faculty Mentor for the course _____

1. **A Course Expectation form or plan of study must accompany this application. Please follow the sample format below.**

2. **Obtain the approval of the Faculty Mentor for this Independent Study and the Chairperson of your department.**

Faculty Mentor's
Signature _____ Date _____

Chairperson's
Signature _____ Date _____

3. **Present this application, with course expectation form, to the Assistant or Associate Dean of the College in which the course is catalogued.**

4. **When this request is approved, the course will be added to the student's schedule by the Registrar's Office.**

This section is to be completed by the Assistant or Associate Dean of the College in which the course is catalogued.

Request is approved _____ Not approved _____
Comments:

