



Office of the National Registrar
INDEPENDENT STUDY REQUEST FORM

Campus: _____ Major/Program: _____

Last Name: _____ First: _____ Middle: _____

Phone Number: _____ Email Address: _____

Term/Year: ___ Fall ___ Spring ___ Summer

Guidelines:

1. Arrange the course work with the faculty member and complete all sections on this form. **Incomplete forms will not be processed.**
2. 1 hour of credit is equal to 14 hours of in-class time and 42 hours of outside-class time. 56 hours of total work is expected per credit hour.
3. Obtain the signature of the faculty member, student advisor and Program Director.
Present this completed form to the National Registrar's Office by the Add/Drop deadline of the semester of attendance.

Rationale for Independent Study/Content focus and scope:

How will ongoing and summative assessment be completed?

List of texts and/or readings:

How does this independent study enhance the student's degree program?

Department: _____ Course #: _____ Course Title: _____ Instructor: _____ Units: _____

I understand that this form is conditionally accepted by Hebrew Union College and that I am responsible for payment of applicable tuition and fees associated with it.

Student Signature: _____ Date: _____

I verify that the above-named student will the appropriate requirements.

Instructor Signature: _____ Date: _____

Student Advisor Signature: _____ Date: _____

Program Director Signature: _____ Date: _____