

# INDEPENDENT STUDY REGISTRATION FORM



Independent study courses allow students to work independently under the guidance of a faculty member on topics not already addressed in program's curriculum. Students must complete a form available through the Registrar's Office, and approval must be given by the faculty member offering the course, the department chairperson, and the dean of the school in which the course is offered. Independent studies are graded on the A-F system. Refer to the departmental course listings in the Catalog for specific course numbers and information. See the Policies section in the Catalog for the complete Independent Study policy.

Student Name: \_\_\_\_\_ BU ID: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ Academic Program/Major: \_\_\_\_\_

Term:  Fall  Spring  Summer\* Year: 20\_\_\_\_\_

\* If summer you must list which summer session; see *Summer Academic Calendar* for session dates.

Course Number (e.g. ENGL 200)	Credits	Course Title	Instructor's First & Last Name

List the number of Contract Courses or Independent Studies you've already taken at Bellarmine: \_\_\_\_\_

State your rationale for needing to take this course on an Independent Study basis:

Obtain the required approvals outlined on page 2 of this form and submit it to the Dean for review. Forms approved by the Dean will be forwarded by the Dean to the Registrar's Office for registration. Forms denied by the Dean will be returned to the student.

You must obtain a course syllabus from the instructor and include it as an attachment to this form upon submission to the Dean.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# REQUIRED APPROVALS AND SIGNATURES

## INSTRUCTOR

Have you provided the student with a course syllabus?  Yes  No *(If no, Dean will not approve)*

Faculty are expected to meet regularly with students (remote meetings are acceptable). List your meeting schedule and expectations here:

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DEPARTMENT CHAIR

What semester was this course last offered? \_\_\_\_\_

What semester will this course be offered next? \_\_\_\_\_

Is a syllabus attached for this course?  Yes  No *(If no, Dean will not approve)*

Chair comments (include your comments regarding the rationale stated by the student):

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Dept Chair of dept in which the course is offered)*

## DEAN OF THE SCHOOL

Dean's comments:

Academic Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Dean of school in which the course if offered)*

**Return completed form with attached syllabus to:**

Bellarmino University Office of the Registrar  
2001 Newburg Road, Louisville, KY 40205

[registrar@bellarmine.edu](mailto:registrar@bellarmine.edu)

Fax: 502.272.8133