



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**

Student ID _____

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** _____

Dean's Signature: _____

Comments: