



Enrollment in an Independent Study Course 8995- Graduate School (Doctoral)

Purpose: Used **ONLY** by students admitted to the Graduate School as a doctoral student to enroll in course whose mode of instruction offers the student an opportunity to study or research in a topic or subject matter in-depth with a current Marquette faculty of his/her choice that is usually not offered in the established curriculum and independent of the classroom setting.

Student Instructions

1. Register via CheckMarq for all other courses you may also be taking. Do **not** wait until the Independent Study course is processed.
 2. Complete Sections 1 & 2 of this form, using a computer.
 - a. **a handwritten form will not be accepted.**
 - b. an incomplete form will not be processed and will be returned for completion.
 3. Print the form using the 'Print Form' button below.
 4. Sign the form in Section 3; a digital signature is **not** acceptable.
 5. Obtain signatures of the **instructor** and the **Chairperson or Director of Graduate Studies** of the department offering the course in Section 4.
 6. After approval, send the request to the home college of the independent study course. The home college will register the student for the course.
- Note:** requests are not processed until after the start of the registration period for a semester.

Section 1: Student Information

Name _____
Last name, First name, Middle name

Address _____

Phone _____ Email _____ @marquette.edu

MUID _____ Program _____

Rationale for this request _____

Section 2: Independent Study Course Information

All Independent Study Courses are graded on an A-F grade basis.

Subject Code _____ Credit Hours _____ Year _____ Session _____ Term _____
(e.g. ENGL) *Fall, Spring, or Summer*

Specific Title. The course will not be recorded on the student's record unless a specific title is provided. Use a maximum of 60 characters.

Section 3: Student Statement/Signature

I am aware of the number of hours per week this Independent Study requires, and I affirm that I will work that number of hours. If I become unable to work the required number of hours, I will notify my department to have my credits changed appropriately.

Signature of Student _____ Date _____

Section 4: Instructor Information and Signatures

Signatures below verify that this student will be monitored in accordance with the contact hour requirements of the University Scheduling policy and the Independent Study will be utilized as defined in the Purpose above.

Instructor's Name _____ Instructor's MUID _____

Signature of Instructor _____ Date _____

Signature of Dept. Chair or Director of Grad. Studies _____ Date _____