Loyola Marymount University

INDEPENDENT STUDIES / TUTORIAL STUDIES

Enrollment in an Independent or Tutorial Studies is a contract and becomes part of the student's study load. By signing this form, the student assumes full responsibility for all financial adjustments made to their student account by the addition of this course. Completed forms must be submitted to the Office of the Registrar by the student before the close of registration. Withdrawal from such a course must be handled in the same manner as a withdrawal from regularly scheduled courses.

Name: _____ **ID#:** | | | | | | | | | |
LAST FIRST M.I.

Address: _____ **Phone:** | | | | | | | | | | |
STREET DAYTIME

_____ **Phone:** | | | | | | | | | | |
CITY STATE ZIP CODE EVENING

Campus Box: | | | | | | **E-Mail:** _____

Class Year: ❑ SR ❑ JR ❑ SO ❑ FR ❑ G **College:** ❑ BA ❑ CF ❑ ED ❑ FT ❑ LA ❑ SE **Major:** _____

❑ INDEPENDENT STUDIES
❑ TUTORIAL STUDIES

❑ FALL ❑ SPRING ❑ SUMMER I ❑ SUMMER II _____ YEAR

❑ LETTER GRADE
❑ CREDIT / NO CREDIT

_____ DEPARTMENT

_____ COURSE #
INDEPENDENT STUDIES END IN 99

_____ SEMESTER HOURS

| | | | | |
CRN -OFFICE USE

❑ ELECTIVE
❑ DEGREE CREDIT APPLIED TO: ❑ CORE ❑ MAJOR ❑ MINOR PLEASE ATTACH A **CAPP EXCEPTION FORM** IF THIS COURSE IS A DEGREE SUBSTITUTION / REPLACEMENT

Independent Studies:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
TITLE OF COURSE AS SEEN ON TRANSCRIPT -LIMITED TO 30 SPACES

_____ REQUIRED NUMBER OF MEETINGS

_____ BRIEF DESCRIPTION OF COURSE

IT IS THE RESPONSIBILITY OF THE STUDENT TO OBTAIN ALL NECESSARY SIGNATURES

_____ SIGNATURE OF STUDENT DATE

_____ SIGNATURE OF CHAIR (COURSE) DATE

_____ SIGNATURE OF INSTRUCTOR DATE

_____ SIGNATURE OF DEAN/DIRECTOR (COURSE) DATE

_____ PRINT NAME OF INSTRUCTOR DATE

_____ SIGNATURE OF DEAN/DIRECTOR (STUDENT) DATE