Loyola University Chicago School of Social Work

Independent Study Approval Form

 Student Name:

Student ID#:       Student Phone Number:

Student LUC Email Address:       @luc.edu

Instructor Name:

Instructor email address:      @luc.edu

Semester/ Year Course to be taken:

Number of Credit Hours to be granted (1-3 credits):

Student Signature:

 **(Please type name to indicate signature)**

Instructor Signature:

Assistant Dean of MSW Programs Approval  Signature:

Date:

cc: Student

Instructor

[ ]  Assistant Dean for MSW Programs

[ ]  Director of the BSW Program

*The request is finalized when the form is completed, submitted, and the student receives a confirmation email from the Assistant Dean or Program Director.*

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Brief Summary of Proposed Study:

Learning goals / purpose of course

Course structure (tasks expected, contact/meeting dates when relevant)

Assignments (Specify number and expected content)

Grading standards (Criteria used to determine final grade; what learning look like)

Due Date for all assignments (one or multiple deadlines):