

Request for Independent Study

College of Pharmacy & Health Sciences

Students: Complete the form below, save, and send to independent study instructor.

Student Information

Last Name _____ First Name _____
MyDUSIS ID _____ Email _____
Phone Number _____ College _____

Independent Study Information

I request permission to register for:

- HSCI 164 – Topics in Health Sciences
- HSCI 165 – Topics in Pharmacology
- HSCI 166 – Topics in Pharmaceutical Chemistry
- PHAR 164 – Problems in Pharmacy
- PHAR 165 – Problems in Pharmacology
- PHAR 166 – Problems in Pharmaceutical Chemistry
- Other _____

Credit Hours (University definition -- 3 hours/week (~40 total hours) = 1 credit hour)

Registration Term: Fall J-course Spring Summer
Anticipated project completion date _____

Primary focus of independent study:

- Research related topic
- Other _____

Description of project:

Objectives for the experience:

Activities that will be completed:

Student's Signature _____ Date _____

I have agreed to direct the independent study described above

Faculty Member's Signature _____ Date _____

Dept. Chair's Signature _____ Date _____
(Department chair for faculty member completing the study)

This must be authorized by the student's Dean's Office.

Assistant/Associate Dean _____ Date _____

For office use only:

CRN	Section #	Date Registered