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

Address: _____ STREET **Phone:** DAYTIME

_____ CITY STATE ZIP CODE **Phone:** 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