Loyola Marymount University

Office of the Registrar
Charles Von der Ahe Building 1
LMU Drive, Suite 150
Los Angeles, CA 90045-2659
T310.338.2740 F310.338.4466
registrar@lmu.edu

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 before the close of registration. Withdrawal from such a course must be handled in the same manner as from regularly scheduled courses.

LMU ID# _____ NAME (LAST,FIRST) _____ LMU EMAIL _____@lion.lmu.edu

CONTACT PHONE _____ ☐ BCLA ☐ CBA ☐ CFA ☐ FTV ☐ SOE ☐ FRSCSE MAJOR _____ CLASS YEAR: ☐ SR ☐ JR ☐ SO ☐ FR ☐ G

I assume full responsibility for all financial adjustments made to my student account by the addition of this course. I understand Withdrawal from this course must be handled in the same manner as a withdrawal from regularly scheduled courses.

SIGNATURE OF STUDENT _____ DATE _____

☐ INDEPENDENT STUDIES
☐ TUTORIAL STUDIES

☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II YEAR _____

☐ LETTER GRADE
☐ CREDIT / NO CREDIT

DEPARTMENT _____ COURSE # _____ SEMESTER HOURS _____ CRN -OFFICE USE ☐☐☐☐☐

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

REQUIRED NUMBER OF MEETINGS _____ NAME OF INSTRUCTOR (PLEASE PRINT) _____

BRIEF DESCRIPTION OF COURSE

DEGREE CREDIT APPLIES TO: ☐ CORE ☐ MAJOR ☐ MINOR ☐ ELECTIVE

COURSE IS A SUBSTITUTION FOR DEPARTMENT _____ COURSE NUMBER _____ OR AREA _____ RULE _____

SIGNATURE OF INSTRUCTOR _____ DATE _____

APPROVAL FOR OVERLOAD: ☐ NO ☐ YES HOURS ALLOWED _____

SIGNATURE OF CHAIR (COURSE) _____ DATE _____

SIGNATURE OF DEAN/DIRECTOR (COURSE) _____ DATE _____

SIGNATURE OF DEAN/DIRECTOR (STUDENT) _____ DATE _____