Click cursor in fields and type in data

NORTH PARK UNIVERSITY

APPLICATION FOR INDEPENDENT STUDY AND COURSE OUT OF SEQUENCE

Name: _____ ID#: _____ Date:_____

Select one: ☐ **Independent Study** ☐ **Course Out of Sequence**

_____	_____	_____	_____	_____
Department	Course Number	Term (FA,SP,SU)	Course Title	Credit Hours

_____ _____

Student's Signature Email

_____ _____

*__Instructor of Course-__Print Name Signature

_____ _____

*__Advisor-__Print Name Signature

_____ _____

*__Division Chairperson-__Print Name Signature

Please explain purpose of course or include any additional information: _____

_____

_____

*** STUDENT SERVICES <u>WILL NOT</u> BE ABLE TO PROCESS THIS FORM WITHOUT ALL OF THE ABOVE SIGNATURES ***

STUDENT SERVICES OFFICE USE ONLY:

PROCESSED ❑ YES ❑ NO DATE: SIGNATURE: