



# Directed/Independent Study

Office of the Registrar

1409 Walnut Grove Avenue, Rosemead California 91770

phone: 626.571.8811 fax: 626.571.1413

Each request must be signed by the instructor of record and approved by Department Chair. Chair may sign for instructor. Exceptions to policy must be signed by Chief Academic Officer in addition to the chair. One course per form. Attach completed form to Registration or Add/Drop form. Unapproved requests cannot be processed.

**STUDENT:** My signature below indicates that I understand that I have until the end of the Add/Drop period to drop this class. Any refund will be issued in accordance with the published refund policy.

Student Name: \_\_\_\_\_ SID #: \_\_\_\_\_

Degree & Major: \_\_\_\_\_ Term: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Select one course only:

- BUS 496  MBA 596: Special Topics
- BUS 499  MBA 599: Independent Studies
- MDIV 599  REL 599: Directed Reading & Research
- PSYCH 650: Directed Research

Topic: \_\_\_\_\_

*Topic will be noted on transcript.*

Units: \_\_\_\_\_

Independent Study of Established Course

Course Code: \_\_\_\_\_ Title: \_\_\_\_\_

### INSTRUCTOR OF RECORD

Reason for request. The following are considered acceptable cause for approval. Select all that apply. Please attach course outline to this request.

- Student is in last semester
- Student needs this course to graduate
- Course is not offered on semester schedule
- Other, please specify: \_\_\_\_\_

Instructor of Record: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPROVAL

Program/Dept. Chair \_\_\_\_\_ Date \_\_\_\_\_ Approved Denied

Comments: \_\_\_\_\_

Chief Academic Officer \_\_\_\_\_ Date \_\_\_\_\_ Approved Denied

Comments: \_\_\_\_\_

### REGISTRAR'S OFFICE USE ONLY

Comments: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_