



Office of the National Registrar

**INDEPENDENT STUDY REQUEST FORM**

Campus		Major/Program	
Last Name		First	Middle
Phone Number ( )		Email Address	
Term/Year <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____			

Guidelines:

1. Arrange the course work with the faculty member and complete all sections on this form. **Incomplete forms will not be processed.**
2. 1 hour of credit is equal to 14 hours of in-class time and 42 hours of outside-class time. 56 hours of total work is expected per credit hour.
3. Obtain the signature of the faculty member, student advisor and Program Director.
4. Present this completed form to the National Registrar's Office by the Add/Drop deadline of the semester of attendance.

Rationale for Independent Study/Content focus and scope:

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How will ongoing and summative assessment be completed?

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List of texts and/or readings:

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How does this independent study enhance the student's degree program?

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Dept	Course #	Course Title	Instructor	Units	Mtg
	599 699-LA RAB				TBA

**I understand that this form is conditionally accepted by Hebrew Union College and that I am responsible for payment of applicable tuition and fees associated with it.**

Student Signature	Date
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**I verify that the above named student will meet the appropriate requirements.**

Instructor Signature	Date
Student Advisor Signature	Date
Program Director Signature	Date