



DOMINICAN UNIVERSITY

APPLICATION FOR INDEPENDENT/DIRECTED STUDY COURSES

Office of the Registrar

(Please Print)

Student Name _____ Student ID No. _____

College: (Check One)

Rosary College

Brennan School of Business

College of Applied Social Sciences

College of Health Sciences

Check One: Fall Semester

Year _____

Spring Semester

Summer Session I

Summer Session II

Summer Session III

Check One: Independent Study Course

Directed Study Course

Department _____ Course Number _____

Course Title _____

Semester Hours _____

Student's Signature _____ Date _____

Instructor's Signature _____ Date _____

Dean/Department Chair's Signature _____ Date _____

This application must be filed at the time of registration. No independent study courses or directed study course will be authorized without the above information completed and approved signatures obtained. **Registration or drop/add form must accompany this form.**