

**APPLICATION FOR INDEPENDENT  
STUDY/READINGS/RESEARCH**



Office of Registration and Records  
(630) 617-3250  
(630) 617-3245 FAX

NAME \_\_\_\_\_  
*print Last First Middle*

S.S.N. OR ID \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DATE \_\_\_\_\_

(Circle) TERM:                      Fall                      Spring                      Summer

(Circle) SESSION:                      Day                      Evening                      Summer                      Special Programs

DEPARTMENT \_\_\_\_\_

NUMBER \_\_\_\_\_

CREDIT:     One-half Course     One Course     Other \_\_\_\_\_

GRADING OPTION:     A-F     P-NP

COURSE TITLE    IndSty: \_\_\_\_\_  
Title, up to 21 characters, which identifies content of Independent Study/Readings/Research required for registration.

Print Name of Instructor \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature of Instructor \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature of Dept. Chair \_\_\_\_\_ Date Signed \_\_\_\_\_