

Independent Study Form

**Loyola University Chicago
School of Social Work**

INDEPENDENT STUDY APPROVAL FORM

Student Name: _____

Instructor Name: _____

Semester/Year Course To Be Taken: _____

Number of Credit Hours to be Granted: _____

Study Topic: _____

Brief Summary of Proposed Study: (Attach separate page if desired)

Instructor Signature: _____

Date: _____

cc: Student
Instructor
Chair of the MSW program