

Loyola University Chicago
School of Social Work

Independent Study Approval Form

Student Name:

Student ID#:

Student Phone Number:

Student LUC Email Address: @luc.edu

Instructor Name:

Instructor email address: @luc.edu

Semester/ Year Course to be taken:

Number of Credit Hours to be granted (1-3 credits):

Student Signature:

(Please type name to indicate signature)

Instructor Signature:

Program Director Approval Select one Signature:

Date:

cc: Student

Instructor

Director of the MSW program: Dr. Priscila R. Freire

Director of the BSW program: Maria Vidal De Haymes

The request is finalized when the form is completed, submitted, and the student receives a confirmation email from the Program Director.

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Brief Summary of Proposed Study:

Learning goals / purpose of course

Course structure (tasks expected, contact/meeting dates when relevant)

Assignments (Specify number and expected content)

Grading standards (Criteria used to determine final grade; what learning look like)

Due Date for all assignments (one or multiple deadlines):