Directions:
An Independent Study is available only to students admitted to a program at National Louis University. Students arranging an independent study are responsible for obtaining the required signatures and completing a planning schedule with the instructor of record.

Students must complete the registration process for an Independent Study with the Academic Advising Center. A copy of this completed form must be presented along with the registration form at the time of registration. Completed documents may be sent to:

Academic Advising Center (Fax: 312.261.3044, or Scan/E-mail to Advising@nl.edu)

Please check one:

☐ National College of Education: Name of the program to which you have been admitted
☐ College of Arts and Sciences: Name of the program to which you have been admitted
☐ College of Management and Business: Name of the program to which you have been admitted

Student’s Information (To be completed by the student)

Name: Academic Term:
Street Address: Start Date: End Date:
City: State: Campus:
Zip Code: Course Number: SH/QH:
Phone: Course Title:
NLU ID: Instructor:

Reason for the Independent Study:

Independent Study Objectives (Be Specific):
**Study/Investigation Activities (i.e. Library research, interviewing, observation, experimentation, field trips, etc.):**


**Course Requirements (Specify text, bibliography, projects or papers to be completed):**


**Evaluation (Specify basis for evaluation):**


---

**Required Signatures:**

1. Student
   
   Date:

2. Academic Advisor
   
   Date:

3. Program Director
   
   Date:

4. Course Instructor
   
   Date:

5. Associate Dean (National College of Education Students only)
   
   Date:
NLU REGISTRATION FORM

SELECT TERM:
☐ Fall  ☐ Winter  ☐ Spring  ☐ Summer  20__ __

NAME: Last __________ First_________ MI____
MAIDEN (if applicable): ____________________________

☐ Check if new name or address since last registration
☐ I am a new NLU student  ☐ I am a returning NLU student

STREET ADDRESS: ______________________________________
CITY: __________ STATE: _____ ZIP: ________

HOME PHONE: (_______)
CELL PHONE: (_______)
BUSINESS PHONE: (_______)

Check all awarded degrees:
☐ Ph.D./Ed.D
☐ M.Ed./MAT
☐ Other Masters Degree
☐ AA/AS/AAS/AAT
☐ High School diploma/GED

Institution (optional) Specialization/Discipline (optional)

ALL INFORMATION MUST BE COMPLETED OR FORM WILL BE RETURNED TO YOU
The undergraduate unit of credit is the quarter hour; the graduate unit of credit is the semester hour.

CRN NUMBER  COURSE NUMBER  COURSE TITLE  QTR or SEM HRS  For extension courses, list site

Student’s Signature ___________________________ Date ________________ Processor’s Signature ___________________________ Date ________________

Return to: Academic Advising Center, National Louis University, 122 S. Michigan Ave., Suite 5044, Chicago, IL 60603; (Fax) 312.261.3044