INDEPENDENT STUDY COURSE APPROVAL FORM

Current Term and Year: ________________

Student’s Name: _____________________________________ Penn ID: _________________

Student’s Department: ________________________ E-Mail: ______________________________

-----------------------------------------------------------------------------------------

Instructor: ___________________________ E-mail: ______________________________

Dept/Div. __________________________________

Course Number: (___ ___ ___) 999_

DEPT Sec Number

Total Credits: _________

-----------------------------------------------------------------------------------------

All Wharton Ph.D. students are eligible to enroll in independent study courses if:

1) the course does not duplicate a Wharton course offered in the same semester,
2) the student has completed an introductory course in the same field as the independent study, and
3) the department approves.

The signatures below certify that these conditions have been met.

_________________________________________ Date

Student’s signature

_________________________________________ Date

Instructor’s signature

Once completed and signed, submit to your Department administrator for registration processing.

Return a copy of this form to: Wharton Doctoral Programs Office, Steinberg Hall-Dietrich Hall, 3620 Locust Walk/6302 Suite 430.