

DOCTORAL PROGRAMS

INDEPENDENT STUDY COURSE APPROVAL FORM

Current Term and Year:	
Student's Name:	Penn ID:
Student's Department:	E-Mail:
Dept/Div	
Course Number: () 999_ DEPT Sec N	umber
Total Credits:	
All Wharton Ph.D. students are elig	ble to enroll in independent study courses if:
· ·	
The signatures below certify that t	nese conditions have been met.
Student's signature	 Date
Instructor's signature	Date

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.