

# Quarter Students Wishing to Enroll in a Semester Course Application Form for Cross-Calendar Registration via Independent Study - Instructions

The Quarter Students Application Form for Cross-Calendar Registration via Independent Study is to be used by quarter students who seek to enroll in an Independent Study course taught by semester faculty for an upcoming term. To successfully navigate this process the student must complete both this form, and an Independent Study contract. (The IS contract must include a detailed description of how the semester course will be customized for the quarter student on the quarter schedule and how the instructor will interact and check in with the student during the quarter.)

The Application Form for Cross-Calendar Registration via Independent Study must have the signatures of the student, Dean or Director of the student's program, Dean or Director of the department offering the desired topic, and instructor in order to be processed.

Both completed forms should be sent to Drexel University's Graduate College to obtain a final signature of approval.

## Enrolling in Semester Term Course(s) as a Quarter Student

Quarter students may only request to enroll in cross-calendar independent study courses that will progress them towards degree. Students may only take a maximum of two independent study courses.

The student's DegreeWorks audit will be reviewed to ensure that the requested course will progress the student towards degree. Once the Independent Study course is added, the student's advisor must make any needed exceptions in DegreeWorks.

#### Financial Aid

A 4.5 credit minimum threshold must be met during any given term to be eligible for financial aid. As with any program, a drop below that threshold will result in withdrawal of financial aid. When registered for cross-calendar independent study coursework, a student must also be registered for another course in their plan of study.

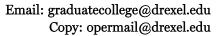
### **Deadline Information**

All fields must be completed, with all signatures submitted no later than the prescribed deadline in order to be reviewed for processing.

	Fall	Winter	Summer	
	Quarter	Quarter	Quarter	
	Enrollment	Enrollment	Enrollment	
	Application	Application	Application	
21 Calendar Days Prior to Start	1		/	
of Term, Before 12:00 P.M.	V		V	
28 Calendar Days Prior to Start		/		
of Term, Before 12:00 P.M.		•		

#### **Enrollment Confirmation**

Student, advisor and instructor will receive an email from the Office of the University Registrar confirming registration. Instructor will also receive grading instructions for the Independent Study section.





**Quarter Students** Wishing to Enroll in a Semester Course **Application Form for Cross-Calendar Registration via Independent Study** 

Student Info	rmation										
Last Name:					First Name	e:					
University ID:					Email:						
College/School:				Program &							
					Major Code	es:					
Indicate Home	e Campus:	☐ Center C	ity 🗖 Univ	ersity City	☐ Online						
Terms Indeper	ndent Study	Can Be Req	uested: 🗖 I	Fall Quarter	(Fall Seme	ster) 🗖 Wi	inter Quarte	er (Spring Sen	nester)		
Requesting Indep	endent Study	consisting of (	Content Align	ed Reque	st to Enroll in	the Followin	g Independen	t Study Course i	n Home		
With the Following Semester Course:				Department:							
Subject/Course (i.e., MIIM 601S)	Credit Value	Course Title		Subject	/Course (i.e., RC	P Credi Value		le			
<u> </u>	V data de					7 02 02					
Student Adv	isor Appr	oval									
Requested Course	Above Will I	Be Used in Lieu	of (Subject/G	Course):							
Subject/Course (i.e.,	ACCT 350)			Cou	rse Title						
	·										
By signing below exceptions for th		lvisor underst	tands they m	nust ensure s	tudent's De	greeWorks r	ecord is upd	ated with any i	necessary		
Advisor Signatu	ıre:			Printe	l Name:						
Date:											
Date.											
Host Depart	ment App	roval (By	Dean/Di	rector/Do	epartmen	t Head <u>aı</u>	<u>ıd</u> Teachi	ng Instructo	or)		
Dept Approval Signature:					Printed Name:						
Title:				Date	:						
Instructor Signa	ature:			Prin	ted Name:						
Date:											
Dute.									-		
Graduate Co	llege App	roval									
Approval Signa	ture:			Print	ed Name: _						
Title:				Date	•						
Registrar Use Only											
Independent Study	DeL Code:	Teaching	Teaching	SSAOVRR	Registration	Student	Instructor	Advisor Emailed	Scanned into		
Course/Section/CRN:		Faculty College Code:	Faculty Dept Code:	Update:	Date:	Emailed	Emailed	(to update DegreeWorks)	NOLIJ		
	□ Yes □ No			☐ Yes ☐ No		□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No		