

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

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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**

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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**

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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**

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

	<b>Fall Quarter Enrollment Application</b>	<b>Winter Quarter Enrollment Application</b>	<b>Summer Quarter Enrollment Application</b>
21 Calendar Days Prior to Start of Term, Before 12:00 P.M.	✓		✓
28 Calendar Days Prior to Start of Term, Before 12:00 P.M.		✓	

### **Enrollment Confirmation**

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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**

<b>Student Information</b>							
Last Name:				First Name:			
University ID:				Email:			
College/School:				Program & Major Codes:			
Indicate Home Campus: <input type="checkbox"/> Center City <input type="checkbox"/> University City <input type="checkbox"/> Online							
Terms Independent Study Can Be Requested: <input type="checkbox"/> Fall Quarter (Fall Semester) <input type="checkbox"/> Winter Quarter (Spring Semester)							
<b>Requesting Independent Study consisting of Content Aligned With the Following Semester Course:</b>				<b>Request to Enroll in the Following Independent Study Course in Home Department:</b>			
Subject/Course (i.e., MIIM 601S)	Credit Value	Course Title		Subject/Course (i.e., RCIP 1899)	Credit Value	Course Title	

<b>Student Advisor Approval</b>	
<b>Requested Course Above Will Be Used in Lieu of (Subject/Course):</b>	
Subject/Course (i.e., ACCT 350)	Course Title
By signing below, student advisor understands they must ensure student's DegreeWorks record is updated with any necessary exceptions for this course.	
Advisor Signature: _____ Printed Name: _____	
Date: _____	

<b>Host Department Approval (By Dean/Director/Department Head and Teaching Instructor)</b>	
Dept Approval Signature: _____ Printed Name: _____	
Title: _____	Date: _____
Instructor Signature: _____ Printed Name: _____	
Date: _____	

<b>Graduate College Approval</b>	
Approval Signature: _____ Printed Name: _____	
Title: _____	Date: _____

<b>Registrar Use Only</b>									
Independent Study Course/Section/CRN:	DeL Code:	Teaching Faculty College Code:	Teaching Faculty Dept Code:	SSAOVRR Update:	Registration Date:	Student Emailed	Instructor Emailed	Advisor Emailed (to update DegreeWorks)	Scanned into NOLIJ
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No