

INDEPENDENT STUDY REGISTRATION

***For any inquiries about independent study processing, contact Associate Dean
(study@dula.edu)***

Student Name : _____ Student ID : _____
Email : _____ Phone # : _____
Program : _____ Program Language : English Korean Chinese
Course # : _____ Unit # : _____ Course Name : _____
Faculty Name : _____ Quarter and Year : _____
Student Signature : _____ Date of Request : _____

**Before you initiate the payment, contact Associate Dean first.
Submit this form to Associate Dean (study@dula.edu).**

APPROVED BY

Associate Dean Name and Signature

Date

FOR OFFICE USE ONLY

Notes: US\$ 155 / Unit for MSOM/DATM foundational courses and US\$ 315 / Unit for DATM advance doctorate courses

Total Fee = US\$ _____ Receipt # : _____ Date : _____

Front Office Name and Signature : _____