

School of Oriental Medicine

INDEPENDENT STUDY SCHEDULE

*For any questions about independent study, contact the academic coordinator
(ac@dula.edu)*

Student Name		Student ID	
Quarter		Year	
Program		Program Language	• English • Korean • Chinese
Course Number		Course Title	
Faculty Name			
Date		Student Signature:	_____

LECTURE

*(*1 unit of coursework is equal to the total of 10 hours in-person lecture and at least of 20 hours of out-of-classroom assignments).*

In-person Lecture Date	In-person Lecture Time	In-person Lecture Topic	Out-of-classroom Assignments	Number of Hours of the Assignments

School of Oriental Medicine

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EXAMINATION

Date	Time	Quiz / Midterm / Final Exam / Practicum / Case Study / Presentation / Paper / etc.

GRADE CLARIFICATION (To Be filled only by the Faculty)

**Please refer to the information in the Program Catalog for Grading scale, policy and evaluation, attending policy, academic policy, student with disabilities and any other related policy or procedure.*

Total	100%

Final Grade for the Course: _____

Faculty Signature : _____ Date: _____

Faculty Comments : _____

APPROVAL (To Be filled only by Academic Administration)

Program Director Name and Signature: _____ Date: _____

(THIS FORM MUST BE SUBMITTED TO THE ACADEMIC COORDINATOR (AC@DULA.EDU) NO LATER THAN 10 DAYS AFTER THE COMPLETION OF STUDY)