

Name: _____ **Student ID:** _____

Degree Program: MAcHM/MSOM DAcHM/DATM

We will respond by e-mail to your e-mail account: _____@_____

You will receive an email notification regarding the approval status of your application. If approved and space is available in the course, you will be registered.

Independent Study Policy:

1. Currently in the last academic year (or have 65 didactic units or less to be completed)
2. Total of 9 units of didactic courses (or 3 didactic courses)
3. No hands-on or practical courses are permitted.

Please refer to the Catalog and Student Handbook pg. 115 for additional information

[A] I am requesting an independent study registration for the following course:

Term: _____ **Course Code:** _____
(e.g. Spring 2024) (e.g. BS313)

Course Language: English Korean **Course Name:** _____
(e.g. Pathology 3)

Faculty Name: _____
(e.g. Heiwon Lee)

[B] What do you intend to learn from this study?

I agree to submit a comprehensive plan to my professor by the specified date. Should we fail to agree on the plan, I will withdraw from the course following standard college procedures. I also commit to completing all objectives of this independent study and submitting evidence of completion to my professor.

I certify that the information in this application is true and complete in all respects and that I have withheld no information. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offences and may result in prosecution under the University's Codes of Behavior and/or Criminal Code of California.

Student Signature: _____ **Date:** _____

Instructor's Signature: _____ **Date:** _____

Academic Dean's Signature: _____ **Date:** _____