

**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:** \_\_\_\_\_

**Director of Accounting:** \_\_\_\_\_ **Date:** \_\_\_\_\_