



Northeastern University

College of Professional Studies

Office of Academic Advising

50 Nightingale Hall, 360 Huntington Avenue, Boston, MA 02115

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REQUEST FOR INDEPENDENT STUDY

Please prepare this request in consultation with the supervising faculty member and obtain her/his signature of approval. Then, please submit at least 3 weeks prior to the start of the term/session.

Name Student ID

Address

City State Zip Code

Email Phone Number

Degree Information:

Degree name: Program (Major) name

Part II. Request for Course Overload

Request Quarter (Term): Session: Year:

credits requested: If your request is approved, you will be billed accordingly.

Please provide a brief description of the project (including tasks, products, and evaluation procedures).

Please provide the schedule of meetings and time line for completing the entire project and segments of the project, if applicable.

Student Signature:

Date

Faculty Signature:

Date

Faculty Name (print)

Office Use Only:	
Date Rec'd: <input type="text"/>	Assigned to: <input type="text"/>
Circle one: Approved Denied	
Signed by: <input type="text"/>	
Note: <input type="text"/>	

Date