



SACRED HEART JUNIOR COLLEGE

Excellence, Innovation, Productivity

OFFICE OF THE REGISTRAR

EMAIL the REGISTRAR: laura@shjc.edu.bz, melissa@shc.edu.bz

Or visit Our Website: <http://www.shjc.edu.bz>

APPLICATION FOR AN INDEPENDENT STUDY

0648

Instructions: Please provide the information requested in print, and return the completed application to the Office of the Registrar. The Dean of the College will review your application. For more details of the requirements refer to pages to the student's catalogue.

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID:
PROGRAM OF STUDY		TODAY'S DATE (DD/MM/YYRR)	
SEMESTER (Check one) <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Summer Academic Year 20__ - 20__			
COURSE CODE		COURSE TITLE	
LECTURER'S NAME	LAST	FIRST	

TO BE COMPLETED BY THE REGISTRAR'S OFFICE

Cumulative GPA: _____ FULL TIME
 Total. # Of Credits Completed: _____ PART TIME
 Registrar/Asst. Registrar's Signature: _____

<p>I, _____, have consulted with the lecturer and have agreed to the terms. I also understand that Independent Study classes are subject to the same regulations (in regards to academic / disciplinary policies and procedures stated in the College Catalogue) and I will abide by these policies.</p> <p>_____ Student's Signature Date:</p>	<p>Department Head's Signature: _____</p> <p>Lecturer's Signature: _____</p> <p>Dean's Signature: _____</p> <p>Student's Signature: _____</p>
---	--

For Official Use ONLY by Registrar:

All changes made on Student Database

Registrar's/ Assistant Registrar's Signature: _____ Date: _____