

DOCTORAL PROGRAMS

INDEPENDENT STUDY COURSE APPROVAL FORM

| Current Term and Year: | <u></u> |
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| Student's Name: | Penn ID: |
| Student's Department: | E-Mail: |
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| Dept/Div | |
| Course Number: () 999_ DEPT Sec Numb | er |
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| The signatures below certify that thes | |
| Student's signature | Date |
| Instructor's signature | Date |

Once completed and signed, submit to your Department administrator for registration processing.

Return a copy of this form to: Wharton Doctoral Programs Office, Steinberg Hall-Dietrich Hall, 3620

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