



REQUEST for INDEPENDENT STUDY

Students with interest in independent study of a topic not offered in the curriculum may propose, in conjunction with a faculty member, a plan of study. Approval is based on academic appropriateness and availability of resources.

A. Status: Graduate Student: \_\_\_\_\_ Undergraduate Student: \_\_\_\_\_

B. Proposed semester/session: Year \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Early Session \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II \_\_\_\_\_
Students, together with faculty members supervising Independent Study, must have this approval form processed through the steps listed in section E prior to the end of the late registration process.

C. Student Information:

1. Student's Banner Number: @ \_\_\_\_\_

2. Student's Name: \_\_\_\_\_
First Name MI Last Name

3. Student's Mailing Address: \_\_\_\_\_
Number and Street City State Zip

D. Course Information:

1. Course: \_\_\_\_\_
Dept. Number Section CRN# Course Title Credits

E. Rationale and Plan of Study:

In conjunction with a faculty member, prepare an independent study proposal to be attached to this form. The proposal must include 1) a rationale for conducting an independent study, 2) the purpose of the study, 3) Objectives, 4) activities to accomplish objectives, 5) required reading and/or a bibliography, 6) an evaluation process, 7) use for special purpose i.e. liberal studies elective, writing intensive, Honors College, non-western, etc., and 8) number of credits.

F. Routing by Signature Approval

1. Faculty Member of Record: (print) \_\_\_\_\_
First Name MI Last Name

Signed: \_\_\_\_\_ Date: \_\_\_\_\_
(Signature verifies acceptance of proposal)

2. Advisor or Doctoral Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

3. Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_
(Signature verifies workload and total number of students are within CBA limits)

4. College Dean: \_\_\_\_\_ Date: \_\_\_\_\_
(Signature verifies adequate budget is available and all criteria have been met.)

5. Registrar: \_\_\_\_\_ Date: \_\_\_\_\_
(Signature verifies registration completed.)

Copies are to be distributed by the REGISTRAR OFFICE to the following:

College Dean's office, Faculty Member of Record, APSCUF Office, VP of Acad Admin Office, Dept. Chairperson, and Student