INDEPENDENT STUDY REQUEST FORM

TO BE COMPLETED BY STUDENT:

Student’s Name: ___________________________________________ Date: ______________________

Student’s Signature: __________________________________________

Colleague ID #: ___________________ Semester for Independent Study: ______________________

Reason for Requesting the Independent Study:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

TO BE COMPLETED BY INSTRUCTOR:

Designated Instructor: __________________________________________

Due Date: ______________________

Course Number: ________________ Number of Credits to be Award: ______________________

Title of Independent Study: __________________________________________

Brief Description of Independent Study: __________________________________________
________________________________________________________________________________________

□ Approved □ Not Approved

Program Director’s Signature: __________________________________________ Date: ____________

Instructor’s Signature: __________________________________________ Date: ____________

INSTRUCTIONS:

Please complete entire form; incomplete forms will not be processed.

To Student:
1. Obtain approval from your Program Director/Chair prior to obtaining the instructor’s signature.
2. Consult with your instructor and obtain requirements and evaluation methods.
3. Return this form to the Registrar’s Office after signatures have been obtained.
4. Maintain a copy for your records.

To Faculty:
1. Attach course requirements and evaluation methods to this form.
2. Establish due date. Typically this should be no longer than one term.