INDEPENDENT STUDY REQUEST FORM – NON PSYD STUDENTS ONLY

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.
5. Submit completed work to instructor by established due date.

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.