INDEPENDENT STUDY REQUEST FORM – 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

Advisor’s Signature: ___________________________________________ Date: ____________________________

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 Advisor and 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.