Office of the Registrar

Independent Study Application

Regulations: The approved academic policy governing Independent Study provides for two methods under which a student may register for Independent Study.

The faculty member and the student shall execute a written statement concerning the level of expectation of the Independent Study. This should include date due, content and method of evaluation. It is recommended that a student have a cumulative average of 2.00 or higher before attempting an Independent Study.

Procedure: A student must complete this form and receive approval by the instructor and chairperson of the department in which the independent study is undertaken. When approved, this form must be submitted during a prescribed registration period to The Office of the Registrar. The Office of the Registrar will give the student a copy and will maintain a copy in our office. The departmental office should retain its own copy for the Chairperson’s and faculty member’s files.

Department __________________________ Semester/Year ___________/20____

Catalog No. _______ Section No. _______ Credit Hours _______ (Assigned by Registrar)

Catalog Course Title: ____________________________________________________________________________________________

CHECK ONE OF THESE TWO METHODS:

- **Method 1 - Course:** The student is taking a regular course on an independent study basis. This course must be formally established in the course catalog. The existing course catalog number and title will be used. The extended subtitle for the course will be “Independent Study.”

- **Method 2 - Special Study:** The professor and student develop an area of study not within an approved course. This method can be used only if a department has an existing independent study course number. The course catalog number and title will be used. The extended subtitle will be a description of the area of study listed below:

  DESCRIPTION OF INDEPENDENT STUDY OR SUBTITLE: ________________________________________________________________
  ________________________________________________________________

Student Last Name (Print) __________________________ Student First Name (Print) __________________________ Student ID # ____________ UG/G ____________

Student’s Signature __________________________ Date ____________ Jo040212

Summer Session Only: Select one of the following end dates*** for the Independent Study:
- May 31 (P)
- July 3 (F)
- August 2 (E)
- August 23 (F)
- Entire Summer (A)

To Be Completed and initialed by Instructor __________

***(Grades are expected to be submitted within 72 hours of indicated end date)

Instructor Last Name (Print) __________________________ Instructor First Name (Print) __________________________ Instructor Phone/Extension __________________________

Instructor’s Signature __________________________ Date __________________________

Chairperson’s Signature __________________________ Date __________________________