



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 _____

SUMMER SESSIONS ONLY		Select one of the following end dates (to be completed and initialed by Instructor):	Instructor's Initials _____
<input type="checkbox"/> Aug 26 (Entire Summer)	<input type="checkbox"/> July 1 (1 st Six-week)	<input type="checkbox"/> Aug 5 (3 rd Four-week session – start July 12)	
<input type="checkbox"/> June 3 (1 st Three-week)	<input type="checkbox"/> July 8 (2 nd Four-week)	<input type="checkbox"/> Aug 5 (Twelve-week – start May 17)	
<input type="checkbox"/> June 10 (1 st Four-week)	<input type="checkbox"/> Aug 5 (Eight-week - start: June 14)	<input type="checkbox"/> Aug 12 (2 nd Six-week)	
		<input type="checkbox"/> August 26 (Three-week session – start: August 9)	
			Js060109 (3/18/10)

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

Instructor's Signature _____ Date _____

Chairperson's Signature _____ Date _____