**Office of the Registrar**                    **Independent Study Application**

<u>Regulations</u>:  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.

<u>Procedure</u>:  A student must complete this form and receive approval by the instructor and chairperson of the department in which the independent study is undertaken.  <u>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.</u>

**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**

Js040212

| 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 ___  Entire Summer(A) | ***(Grades are expected to be submitted |
| | To Be Completed and initialed by Instructor _____ | 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**