



Student Name: _____ **ID#:** _____ **Date:** _____

Instructions:

- Please print clearly.*
- The student will complete Part I.
Present this form to the faculty member who will supervise the Study.*
- The instructor and the student will complete Part II.
When the instructor, the advisor and the student have signed this form, the student will present it to the Department Chair of the Study for approval.*
- The student will take the approved and signed form to the Registrar's Office.
The student will be registered for an Independent Study provided there are no 'holds' on the student's account and there is room enough within the student's schedule.*

IMPORTANT: To Open and Fill out This Form Correctly, You Must Open and Save This Document in Adobe Reader

Part I: The Student

- Campus Mailbox or Local Address: _____
 City: _____ Phone: _____
- How will this Study help you achieve your educational goals?

Part II: The Course

1. Title of Independent Study: (Limit: 29 characters and spaces)

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2. Fall 20____ Winter 20 ____ Spring 20 ____ Summer 20 ____ Completion Date: _____

3. Number of credits: _____ (Up to 3 credits per session)

4. Department: _____ Course Number: Either 294 or 494

5. Instructor who will evaluate this Study: _____

6. Specify the objectives of this Study:



7. The instructor will evaluate the Study based upon:

- a. Performance of the following: _____

- b. The number of contact hours per week (specify): _____
- c. A final written evaluation of the Study by the student at the conclusion of the work. Indicate the form to be used.

- d. The following specific assignments (such as written work, a journal, presentation or consultations with the instructor):

8. Will this Study be marked Pass/Fail? **Y** **N**

If marked Pass/Fail, it will **not** count toward major or minor requirements.

Note for students using the catalogs prior to 2010-11: if this Study is to fulfill the core requirement for independent work, it must be at the 494 level.

Signatures:

Student

Advisor

Instructor

Instructor's Department Chair

<p><u>For Office Use Only</u></p> <p>Class Standing _____</p> <p>Graduation Application _____</p> <p>GPA over 3.5 _____</p> <p>Term Credit Load _____</p> <p>FWKL _____</p> <p>Holds _____</p> <p><u>Date Stamp:</u></p>
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