



**Student Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructions:**

1. *Please print **clearly**.*
2. ***The student will complete Part I.**  
Present this form to the faculty member who will supervise the Study.*
3. ***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.*
4. ***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.*

**Part I: The Student**

1. Campus Mailbox or Local Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

2. How will this Study help you achieve your educational goals?

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**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 (ENV 494 only)

5. Instructor who will evaluate this Study: \_\_\_\_\_

6. Specify the objectives of this Study:

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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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