INDEPENDENT STUDY APPLICATION

This application is not for FOS 402 course. Undergraduate independent study must have the signature of the Department Chairperson. Office of Undergraduate Studies signature required for undergraduate 400-level courses. Signature of Dean of Graduate Studies for Graduate students required for all graduate independent study courses. Students registering for independent study have until the end of the 2nd week of class (1st week in summer session) to submit this application. No registration for independent study courses will be processed until this application is complete and signed by all parties. No independent study is allowed during the winter session.

All fields must be completed by the Instructor

Part I: Student information:

First Name: __________________________ Last Name: _______________________
Last 4 digits of SS#: _______________ Email Address: __________________________
Telephone (home): (_____)_____________ Telephone (cell): (_____)______________

Part II: Course Information:

Discipline: __________________________ Course Number: ______________
Course Title (cannot be “Ind. Study” and no more than 16 characters): __________________________
Semester (check one): □ Fall     □ Spring     □ Summer 1     □ Summer 8 week □ Summer 2 Year: ___
Which degree program is the student pursuing? □ Graduate  □ Undergraduate
Instructor’s Name: ____________________________________
Description of Course: _____________________________________________________
_____________________________________________________________________
Texts and other bibliographical resources to be used: ________________________________
_____________________________________________________________________
Student Assignments: _____________________________________________________
Number of hours* required in:    Conference Meeting: _______    Schedule Conferences: _______
Supplementary Assignments: ______________
*A semester Hour of credit requires a combined 45 hours of instruction and supplementary assignments.
Method(s) of evaluation (must include oral presentation or written report): ______________________
_____________________________________________________________________

Signatures by the student and instructor denotes acceptance of all requirements detailed above.

Student Signature (required): ___________________________ Date: ___________
Instructor Signature (required): __________________________ Date: ___________
Dept. Chairperson (required): ___________________________ Date: ___________
Office of Undergraduate Studies (required for 400-level course): ________________ Date: ______
Dean of Graduate Studies (required for Grad Students): ______________________ Date: ______

For Office Use Only

SIMS Process By: ___________________ Date: ___________________________

For Office Use Only

Fall _____   Winter _____       Spring _____          Summer ______
Rec’d By: _______________________             Date: _______________________