

Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
(last name) (first name)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Major \_\_\_\_\_

Students must have both a minimum of 5 earned units (undergraduates) or 9 credits (graduates) and a minimum GPA of 3.0 in the department in which they are doing the Independent Study. Any exceptions to this rule must be approved by the Registrar, the Chairperson of the Department, and the Faculty Advisor for the Independent Study. No more than 2 units or 6 credits may count toward the Bachelor's or Master's degree, respectively. **Students are required to register for the Independent Study by the last day to add classes.**

**PART I – To be filled out by Student and Faculty member supervising the Independent Study.**

DEPARTMENT \_\_\_\_\_ Course # (circle one): **593** (undergraduate) or **693** (graduate)  
(Independent Study)

Course Title (max. 24 characters): \_\_\_\_\_ # Units or # Credits \_\_\_\_\_

Semester and year course(s) will be taken: \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring YEAR \_\_\_\_\_

Anticipated Date of completion (only if different from the normal end of the semester taken) \_\_\_\_\_

Is this course meeting an Honors Program requirement? \_\_\_\_\_ Yes \_\_\_\_\_ No

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor Name (Please Print) \_\_\_\_\_

Reason(s) for the Independent Study Request.

Describe the activities which will be required of the student in order to complete the Independent Study.

Explain how the student will be evaluated and graded.

**PART II – To be filled out by Department Chairperson.**

Explain how the independent study will enhance the student's academic and/or post graduate career.

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair Name (Please Print) \_\_\_\_\_

**APPROVED** \_\_\_\_\_ **DISAPPROVED** \_\_\_\_\_

Department Chair (of Student's Major) Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if different from above)

Department Chair (of Student's Major) Name (Please Print) \_\_\_\_\_

**APPROVED** \_\_\_\_\_ **DISAPPROVED** \_\_\_\_\_

**PART III – To be filled out by the Office of the Registrar.**

Grade Point Averages Cumulative \_\_\_\_\_ Major \_\_\_\_\_

Discipline of Independent Study \_\_\_\_\_ (3.0 required)

Number of units (credits) completed in the discipline of Independent Study \_\_\_\_\_ (5 units/15 credits required)

Number of previous independent studies \_\_\_\_\_  
(no more than 2 units or 6 credits may count toward the Bachelor's or Master's degree, respectively)

Projected Graduation Date \_\_\_\_\_

Registrar Office Verification \_\_\_\_\_ Date \_\_\_\_\_

Registrar Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED** \_\_\_\_\_ **DISAPPROVED** \_\_\_\_\_