Name ___________________________ (last name)  ___________________ (first name)  Student ID # ____________________

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)

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  

Registrar Signature  

APPROVED _____  DISAPPROVED _____

Registrar/2016 Forms/2016_Independent Study Application form