

Request for Independent Study

(This form must be completed and approved prior to enrolling in any independent study course.)

PART ONE (to be completed by the Student):

Student Name _____ NUID# _____

EagleMail _____ Anticipated Graduation Term/Year _____

ATTENTION STUDENT:

All Independent Study courses are created as online courses and are billed at the online tuition rate

Please explain **why** you are requesting to take this course in the Independent Study format (300 char. max)

[Student] I agree to adhere to the proposed learning activities, timeline, and grading process.

Student Signature _____

Date _____

PART TWO (to be completed by the Instructor and Department Chair):

Proposed Course: Fill in Term Year and Checkmark the Session

SUMMER: 20____ 4W1 8W2 **Credit Hours** _____

FALL: 20____ 16W 8W1 8W2

SPRING: 20____ 16W 8W1 8W2

Course Prefix/Number (*i.e., ANTH 231*) _____

Course Title* _____

*If course is a "true" Independent Study (400 Course #), list title to appear on student transcript (limit 20 characters, incl. spaces)

Instructor Name _____

Please provide a rationale for offering this course in the Independent Study format (300 characters max)

A proposed syllabus with level-appropriate measurable learning outcomes, grading procedures, CSC disclaimers, and course outline (**including due dates**) is attached and has been shared with the student.

I certify that I have discussed my intent to offer this proposed Independent Study course with my **Department Chair AND** my Supervising Dean prior to submission of this form to the designated Approver.

[Instructor] I agree to adhere to the proposed learning activities, timeline, and grading process.

Instructor Signature _____

Date _____

[Department Chair] I have reviewed and discussed the proposed independent study request with the instructor and agree this request should be granted.

Department Chair Signature _____

Date _____

PART THREE (Consideration of Administrative Approval by Approving Dean and VPAA)

When Parts One and Two have been completed, please submit this form to the **appropriate** Approving Dean:

- For Graduate-level courses, please submit to the Dean of Graduate Studies
- For Undergraduate courses, please submit to the Dean of Curriculum

Comments by Approving Dean, if any (300 characters max):

APPROVED

NOT APPROVED

Approving Dean Signature

Date

- If **APPROVED**, the Approving Dean will forward a signed copy of this form to the Vice President for Academic Affairs for review
- If **NOT APPROVED**, the Approving Dean will return a signed copy of this form to the Student and the Instructor

Comments by Vice President for Academic Affairs, if any (200 characters max):

APPROVED

NOT APPROVED

Vice President for Academic Affairs Signature

Date

PART FOUR (Approval for Payment at Course Conclusion)

[Approving Dean] I certify that a grade has been posted for this course.

Approving Dean Signature

Date

A completed form has been sent to the Human Resources Office for processing of instructor payment.