Independent Study Application Form

Student Last Name: ………………………….
Student ID: …………………………….
E-mail: …………………………….

First Name: ………………………….
Cell Phone: …………………………….
Date: …………………………….

DEPARTMENT: …………………………………..

FR  SO  JR  SR  Graduate

☐  ☐  ☐  ☐  ☐

Short Title of the Course: ……………………………………………………………………………………………
………………………………………………………………………………………………………………………….

No. of Credits ☐

Deadline: The application should be made no later than the add-drop period ends.

Course Syllabus: Please attach a document which will serve as the course syllabus. This document must be prepared by the student in consultation with the professor and should contain at least the following subheadings.

  a. Short Description: (course objectives and content outline)
  b. References and/or Textbooks to be used.
  c. Meeting Schedule or Time Line: Please briefly indicate the major steps to be accomplished, the target dates and frequency of meetings as needed.
  d. Grading: Please specify how the course will be graded.

With the syllabus enclosed, this form needs to be considered and approved by the Executive Council of the College of the instructor.

AREA ELECTIVE ☐

ELECTIVE ☐

Instructor Approval

Printed Name

Signature

Date

College/Institute Executive Council Approval

Date

Council Meeting No.

College/Institute Executive Council Approval, if different from the Affiliation of the Instructor

Date

Council Meeting No.

Skip this part if the course is not considered to be an area elective, or the instructor is affiliated with the College/Institute of the program, in which the area elective will be taken by the student to meet his/her academic requirements.