

Application for Independent Study

Name: _____ CSI ID#: _____

Independent study is designed to complement your major and cannot be used to complete requirements for a regularly offered course. You may not use independent study to improve a grade you received in a class. This form should be completed collaboratively by the student and instructor.

Course Information				
Term (Fall, Spring, Summer)	Year	Course Code	Number of credit hours	Grading Basis
				<input type="checkbox"/> Pass/Fail <input type="checkbox"/> Letter Grade
Description of Proposed Study				
Learning Objectives (What new knowledge, skills and abilities will the student have at the end of the study?)				
Activities (The plan might include readings, interviews, discussion with a faculty advisor, or other activities as appropriate.)				
Outcomes/Evaluation (How will the student's learning be demonstrated and assessed?)				
Timetable (Include interim mileposts such as advisor meetings, feedback on drafts, and final project completion. The advisor and student can use this to gauge progress and provide feedback and support as needed.)				

By signing this document I agree to complete the work outlined above. I understand I am bound by the same add/drop and payment deadlines as a regularly scheduled course. I understand failure to complete the agreed upon curriculum by the end of the indicated term could result in failure of the course.

Student Signature: _____ **Date:** _____

By signing this document I agree to supervise said student in the curriculum outlined above. I understand this is voluntary work in addition to my normal teaching load and I will not be reimbursed for this activity. I understand it is my responsibility to submit attendance and grades according to the deadlines established by the institution.

Instructor Signature: _____ **Date:** _____

Approval by Academic Affairs

Approved

Disapproved

 Advisor Signature Date

Approved

Disapproved

 Department Chair Signature Date

Approved

Disapproved

 Instructional Dean Signature Date

Office of the Registrar Use Only

Registration Specialist _____ Date _____