

INDEPENDENT STUDY APPLICATION**Instruction *may not* begin until the student has paid and registered.**

Student's Name _____ Student ID Number _____

Address: Local _____ Home _____

Date of Application* _____ Semester in which I.S. will be done: Fall 20____ / Spring 20____
Summer 1 20____ / Summer 2 20____ Summer Extended 20____

Brief Title - No more than 13 characters (PRINT) _____

Student's Major _____ Proposed Credit _____ s.h.

Sponsor's Name (printed) _____ Sponsoring Dept. _____

Student's Signature _____ Q.P.A. _____ Class _____

Independent study includes research, guided readings, field projects, creative work, etc. Students who have earned 30.0 sh and have a cumulative grade point average of 2.000 or better at the time of application are eligible. Studies may be within a student's major field, in any other discipline in which he/she may have an interest, or may be interdisciplinary.

On an attached page, please provide the following information:

- I. What are the academic objectives of this work?
- II. How are you qualified by experience, course work, or special aptitude to perform this work?
- III. (Sponsor): Why can't the academic objectives stated in I. be met by registration in an existing course?
- IV. Detail the nature of the study to be undertaken, including methods to be employed.
- V. How much time do you estimate it will take to complete the entire project?
- VI. In what form(s) will the final report be made?
- VII. (Sponsor): How will this work be evaluated?
- VIII. Attach a preliminary bibliography indicating publications and persons consulted in designing this project as well as those you expect to use in the course of your work.

APPROVALS**SEE REGULATIONS ON REVERSE SIDE BEFORE SIGNING**

**Faculty Sponsor (signature) _____ Date _____ Yes ___ No ___

Does this satisfy General Education Overlay Requirements? MC ___; IL ___; WE ___; EE ___.

If EE, is it _____ 1 unit (14 hours) or _____ 2 units (28 hours)?

***Chairperson of Dept. _____ Date _____ Yes ___ No ___

Student's Advisor (printed) _____

Student's Advisor (signature) _____ Date _____ Yes ___ No ___

Dean of the College _____ Date _____ Yes ___ No ___

Academic Vice President _____ Date _____ Yes ___ No ___

*Independent Study applications should be approved no later than the "last day to add a course date" as indicated on the University Calendar.

**SPONSOR: See reverse side.

***Department Chair's signature assumes prior approval of the department as required in the C.B.A.

NOTE: Independent Studies are not normally approved during Summer Sessions.

Faculty Sponsor:

Number of semester hours of Independent Study previously proposed by faculty sponsor for the same semester as this proposed Independent Study:

Semester Hours

The Faculty Sponsor shall submit the final written report to the Stevenson Library Archives upon completion.

IMPORTANT!!!! Faculty Sponsor payment for this Independent Study cannot be made until you submit student's grade. Therefore, please notify the Provost Office in Sullivan Hall 210, Ext. 2121 when you submit the grade so that payment can be processed.

Excerpts from the CBA Article XXVI, Sec. A

1. The FACULTY MEMBER'S assigned workload is eleven (11) or more workload hours for that semester or twenty-two (22) or more workload hours for the academic year. There are no workload restrictions for independent study performed outside the academic year except as noted in Section A.6. below.
6. Management will not approve nor shall a FACULTY MEMBER accept students for more than nine (9) workload hours of independent study per semester/session.