

SEMESTER: _____

DATE: _____

PERMISSION TO ENROLL IN AN INDEPENDENT STUDY

STUDENT'S NAME: _____ SS# _____

LOCAL ADDRESS: _____

MAJOR: _____ ADVISOR: _____

DEPARTMENT/DISCIPLINE: _____ COURSE: 400

FACULTY SUPERVISOR: _____ CREDITS: _____

DATE TO BE TAKEN: _____

STUDENT ACADEMIC INFORMATION – A COPY OF THE STUDENT'S CURRENT TRANSCRIPT MUST ACCOMPANY THIS FORM (supplied by Enrollment Services):

THE NUMBER OF INDEPENDENT STUDY CREDITS PREVIOUSLY TAKEN: _____

CUMULATIVE GPA: _____ TOTAL ACCUMULATED CREDITS: _____

THE FOLLOWING QUESTIONS ARE TO BE COMPLETED BY THE SUPERVISORY FACULTY MEMBER:

1. A brief description of the work to be done by the student: _____

3. Are any special facilities or equipment needed? _____

4. Studio or Lab Fee? _____

5. Approximately how much time will the student have to devote to the study on an independent basis? _____

6. How often will you meet with the student? _____

7. In what ways will you participate in the study and/or work with the student? _____

8. What do you require and expect of the student in terms of satisfactory performance? _____

9. What is your teaching load during this period? _____

10. Have you described and discussed with the student your expectations for the study and the way you will make an evaluation on which to base your grade? _____

11. Do you understand and accept the University policy that you will not be paid for the course until you have submitted a grade (I, NGR or W do not constitute a grades)? YES NO PLEASE INITIAL _____.

12. Are there any additional needs or special circumstances which should be described? _____

MUST BE APPROVED BY:

[] FACULTY SUPERVISOR'S SIGNATURE: _____ DATE: _____

[] ADVISOR: _____ DATE: _____

[] DEPARTMENT HEAD: _____ DATE: _____

[] DIVISION DIRECTOR: _____ DATE: _____

[] UNIVERSITY DEAN: _____ DATE: _____

[] PROVOST OF THE COLLEGE: _____ DATE: _____