APPLICATION FOR UNDERGRADUATE/GRADUATE INDEPENDENT STUDY

Registration for an Independent Study must be completed in the Registrar's office. **Undergraduate** Independent Study program is open to students who have completed at least 60 credits and have an overall GPA of at least 3.0. No more than nine (9) credits of Independent Study may be used towards a degree. May not take more than three (3) credits of Independent Study in a semester.

**Graduate** students who wish to undertake an independent Study must have a GPA of 3.0 and Deans approval. No more than six (6) credits of Independent Study may be used towards a degree program. May not take more than three (3) credits of Independent Study in a semester.

An Independent Study may not be used as a substitute for an existing course, but may be used in lieu of degree requirements.

Please complete all sections of this form. The title entered on this form will appear on the student's transcript so complete that section appropriately (do not enter Independent Study). This completed form with the required signatures must be submitted to the Office of the Registrar no later than the last day of Late Registration for the semester in which the Independent Study course will be taken.

Name of Student: ___________________________ SID: ______________________

Semester: ___________________________ Earned Credits: ___________ GPA: ___________

Faculty Supervisor: ___________________________ Department: ___________________________

Course Number ___499(Undergraduate) ___700(Graduate) Number of credits: ______

Title of proposed study: ____________________________________________

Brief Summary of Proposal (one page proposal should accompany the application):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Grade Received:**

Student Signature: ___________________________ Date: ___________

Faculty Supervisor: ___________________________ Date: ___________

Chairperson: ___________________________ Date: ___________

Dean: ___________________________ Date: ___________

CC: REGISTRAR
ACADEMIC DEAN
CHAIRPERSON
FACULTY SUPERVISOR
STUDENT

OFFICE OF THE REGISTRAR
REVISED 7/97