The University reserves the right to offer an Independent Study to students whose academic interests cannot be met by regular curriculum offerings. Independent Studies cannot be used to substitute for required courses in the curriculum. Minimum cumulative GPA of 3.00 is required and must be of junior or senior level status. Non-Matriculated students do not qualify for Independent Study contracts.

Student ID#: __________________ Term/Year: ______________
(Print Last Name) (Print First Name) Course Number & Title ____________________
(i.e. PSYCH 480 IS: Independent Study)

REASON: _____________________________________________________________________

Upon approval of this request, I agree to abide by the terms of the attached syllabus as well as the information provided below.

Student Signature: __________________________ Date: ________

NOTE: The student must submit this completed Independent Study Contract to the Registrar’s Office by the end of the drop/add period of the semester in which the Independent Study will be taken.

RATIONALE:

Academic Advisor Signature: __________________________ Date: ________

(To Be Completed by the Faculty Mentor. Please attach Syllabus.)

I. METHODOLOGY OF INSTRUCTION:

II. NUMBER OF MEETINGS:

III. METHOD OF EVALUATION:

FACULTY MENTOR SIGNATURE: __________________________ Date: ________

The above named student has met all GPA and related requirements as outlined in the current catalog. Yes _____ No _____

REGISTRAR: __________________________ Date: ________

We, the undersigned, have read the requested information above and approve this Independent Study for the above named student.

DIVISION DEAN (Sponsoring Division): __________________________ Date: ________

V.P. ACADEMIC AFFAIRS: __________________________ Date: ________

Office Use Only: Processed by: __________ Date: __________