

Name _____ Student ID # _____
(last name) (first name)

Student Signature _____ Date _____

Student Major _____

Each student must have both a minimum of 5 earned units (or 15 credits) and a grade point average of 3.0 in the department in which he or she is doing the independent study. Any exceptions to this rule must be approved by the Registrar, the Chairperson of the Department, and the Faculty Advisor for the independent study. Students are required to register for the Independent Study by the last day to add classes.

PART I – To be filled out by Student and Faculty member supervising the Independent Study.

DEPARTMENT _____ Course # **593** _____ Section _____
(Independent Study)

Course Title _____ # Units / # Credits _____

Semester and year course(s) will be taken: _____ Summer _____ Fall _____ Spring YEAR _____

Anticipated Date of completion (only if different from the normal end of the semester taken) _____

Is this course meeting an "Honors Program" requirement? _____ Yes _____ No

Instructor Signature _____ Date _____

Instructor Name (Please Print) _____

Reason(s) for the Independent Study Request.

Describe the activities which will be required of the student in order to complete the Independent Study.

Explain how the student will be evaluated and graded.

PART II – To be filled out by Department Chairperson.

Explain how the independent study will enhance the student's academic and/or post graduate career.

Department Chair Signature _____ Date _____

Department Chair Name (Please Print) _____

APPROVED _____ **DISAPPROVED** _____

Department Chair (of Student's Major) Signature _____ Date _____
(if different from above)

Department Chair (of Student's Major) Name (Please Print) _____

APPROVED _____ **DISAPPROVED** _____

PART III – To be filled out by the Office of the Registrar.

Cumulative Grade Point Average Overall _____ Major _____

Discipline of Independent Study _____ (3.0 required)

Number of units (credits) completed in the discipline of Independent Study _____ (5 units/15 credits required)

Number of previous independent studies (no more than 2 may count toward Bachelor's degree) _____

Projected Graduation Date _____

Registrar Office Verification _____ Date _____

Registrar Signature _____ Date _____

APPROVED _____ **DISAPPROVED** _____