



Independent Study (IS) **OR** Course by Appointment (CBA)

Name: (please print) _____ **Phone:** _____

Student ID #: _____ **E-mail:** _____

School/Program: _____ **Term:** FL SP SM

Local Address: _____

Request for Independent Study

Course #: _____

Study Title: _____ **School/Program:** _____

Basic Information on Independent Study:

In addition to earning credits through formal courses, students may earn credit through a supervised learning experience in which the student plays a significant part in determining the learning objectives and anticipated outcomes. An independent study provides students a unique opportunity to work closely with a faculty mentor, while studying a subject of their own choice. This learning experience, however, *should not duplicate the content an existing catalog course*. Only students who are prepared to devote considerable time and effort should undertake independent study. Planning of the scope and structure of this learning experience should begin in the semester preceding enrollment, not during the term of the Independent Study.

Additional requirements are detailed in the current catalog, and each School/Program may have requirements beyond those imposed by the University.

OR

Request for Course by Appointment (Must have correct course #. Check current catalog)

Course #: _____ **Title:** _____

Basic information on Course by Appointment:

Students may be permitted to take a "course-by-appointment" for an *existing catalog course*. The assigned faculty member subsequently contacts all students who register, and a mutually convenient day and time is established. The course subsequently follows the normal syllabus, assignments, and examinations. The School reserves the right to identify courses that may not be taken by appointment regardless of scheduling conflict or anticipated date of graduation.

Additional requirements are detailed in the current catalog and each School/Program may have requirements beyond those imposed by the University.

Student's Signature *Date* *Print Name*

Faculty Supervisor's Signature *Date* *Print Name*

Academic Advisor's Signature *Date* *Print Name*

Manager of Academic Operation (college) Signature *Date* *Print Name*

Deadline: Approval and registration must be completed before the end of the add period allowed for schedule changes. The dean of the school in which the credit will be awarded in conjunction with the Registrar must approve exceptions to this deadline.

Copies required: Students must provide completed copies of this form **by the deadline** to the (1) supervising faculty member, (2) academic advisor, (3) Dean of the School in which the credit will be awarded, and (4) Registrar's Office. Students should also keep a completed copy for their own records.

See current catalog for a full details of the academic policies concerning both IS and CBA.