Independent Study is designed to provide the student with a unique learning experience not achievable by ordinary course work. You must identify a member of the University’s Standing Faculty who is willing to direct your independent study and take responsibility for issuing your final grade.

Occasionally, you may wish to (or need to) undertake Independent Study credit as part of an Internship experience, in which case you must still produce a tangible, academically-based product for your grade and credit at the end of the internship. If approved, you will be registered for an “099” course within your academic department (e.g. MEAM 099) for 1.0 CU of credit, for a grade (not PF).

**NOTE:** FOR THOSE WHO WISH TO REGISTER FOR CREDIT FOR CPT PURPOSES, USE THE “CPT INDEPENDENT STUDY” FORM, NOT THIS ONE.

**INSTRUCTIONS:**

1. **Formulate a Project Proposal.** The Project Proposal should be a brief document, consisting of:
   1. Introduction
   2. Statement of the problem or objective of the project
   3. Results expected
   4. Manner of presentation of results (e.g. a final written report, demonstration, etc.)
   5. Method of evaluation of project for grade
   6. References (where appropriate)

2. Meet with your proposed Independent Study Advisor to discuss your proposal.

3. If your Independent Study Advisor is not your assigned Faculty Advisor, meet with your assigned Faculty Advisor to discuss your proposal, and also how this credit will be used to satisfy your curriculum requirements.

4. Submit this completed and signed form to the Office of Academic Programs, 111 Towne. *A copy of your Project Proposal must accompany this form.*

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Term Degree Expected: ________________________  
Today’s Date ________________________________

Name of Student: ________________________________ SID Num: ________________________________

Email Address: ________________________________________ Tel Num: ____________________

Major: ____________________________________ Faculty Advisor Name: __________________________

Term to be Registered: [ ] Summer [ ] Fall [ ] Spring Year: 20 ______

Project Title: __________________________________________________

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Independent Study Advisor (print name): ________________________________________________

Tel: ___________________________ Email: ____________________________________________

Independent Study Advisor Sign-off:

Signature: ____________________________ Date: ____________________________

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Faculty Advisor Signature: ____________________________ Date: ____________________________

UG Curriculum Chair Signature: ____________________________ Date: ____________________________

MAY 2012 JSS