

Independent Study Guidelines and Form

Prior to Submission

- An Independent Study Project (ISP) should not cover an area already covered by a class being taught in the same academic year. Independent studies should be original work not otherwise available.
- Your ISP supervisor should be a full-time faculty member. If you wish for a part-time faculty member to supervise your ISP, please note:
- You must provide a sound pedagogical reason (a unique specialty, area of research, etc) as explanation for the need of a particular part-time faculty member.
- The proposed ISP requires secondary approval from the chair of the department, as well as the Associate Dean of Academic Planning.
- You must include a bibliography or reading list when submitting your Independent Study Contract.

Procedures for Submission

Use the completed Independent Study Contract on the following page. When submitting the Contract for the faculty member's signature, the following information should be included on the form:

- Your name and ID
- Your ISP supervisor's name
- Title of your project
- Your major(s)
- Expected credit amount
- Date of submission
- Word count
- The documents submitted for your Independent Study Contract should also include:
- Table of contents
- Bibliography/Reading List
- Appendices (if applicable)

After compiling the bibliography and any other documents your supervisor requires, complete the following steps:

- Ask your ISP supervisor to sign the Independent Study Contract on the next page
- Ask the director or chair of your program to sign the Independent Study Contract
- Bring the Contract to your academic advisor (your advisor will then give you the CRN number so you can register)

If approved, you will receive notification by email with instructions to register, including the CRN for the independent study section listed for your specific faculty supervisor.

—Independent Contract form is on next page—

CONTRACT FOR INDEPENDENT STUDY / INTERNSHIP / SPECIAL ELECTIVE

TO STUDENTS: You must register during the scheduled registration period for your program. Changes or withdrawals must be completed before the deadlines published in the appropriate catalog. The course must be completed no later than the end of the current semester. Incompletes must be made up in accordance with your division's policy.

STUDENT NAME (please print): _____
LAST FIRST MI

ID#: _____ **DEGREE:** _____ **MAJOR/S:** _____

TERM: _____ **CREDITS:** _____ **CRN:** _____

TITLE TO APPEAR ON TRANSCRIPT (please print clearly):

(PLEASE ABBREVIATE AS NECESSARY. TITLE MUST BE NO LONGER THAN 24 CHARACTERS INCLUDING SPACES)

BRIEF DESCRIPTION OF PLAN OF STUDY, INCLUDING WORD COUNT:

STUDENT SIGNATURE

DATE

APPROVED BY:

Select status of instructor: ☐ PT ☐ FT

ISP SUPERVISOR SIGNATURE

PRINT OR TYPE NAME

DEPARTMENT

DATE

CHAIR/ADVISOR SIGNATURE

PRINT OR TYPE NAME

DEPARTMENT

DATE