



SEMESTER / TERM / SESSION	DATE

INDEPENDENT STUDY APPLICATION AND APPROVAL FOR REGISTRATION

SECTION A

LAST NAME					FIRST					MIDDLE					MAIDEN					TEL NO					PROGRAM CENTER														
STREET										CITY										STATE					ZIP					SEMESTER UNITS (CIRCLE ONE)									
1										2										3					4					APPROVED FOR REGISTRATION									
STUDENT I.D. NUMBER										DEPT					COURSE NO										REGISTRAR CERTIFICATION														
COURSE TITLE										ABBREVIATE TITLE AS IT IS TO APPEAR ON YOUR TRANSCRIPT										INITIALS										DATE									
																														PROFESSOR'S NAME (Print last name first)									

SECTION B

1. WHAT DO YOU INTEND TO LEARN FROM THIS STUDY?

2. HOW DOES THIS STUDY FIT INTO YOUR OVERALL ACADEMIC PLAN?

3. RESOURCES TO BE USED:

ON SEPARATE PAPER, PROVIDE YOUR PLANNING (III), OBJECTIVES (IV) AND TYPE OR TANGIBLE WRITTEN EVIDENCE TO BE SUBMITTED. (ATTACH SYLLABUS)

III. PLANNING

- A. SHOW THE STAGES INTO WHICH YOU DIVIDE YOUR WORK.
- B. DEVELOP GENERAL TIME SCHEDULE.
- C. INDICATE RESOURCES ON WHICH YOU WILL DRAW: BOOKS, JOURNALS, PERIODICALS, PEOPLE, MATERIALS, SPECIAL LABORATORY EQUIPMENT.
- D. PROVIDE A BIBLIOGRAPHY (WHERE APPLICABLE) USING COMPLETE CITATIONS.
- E. ESTIMATE THE LENGTH OF TIME YOU EXPECT TO DEVOTE TO THIS PROJECT.
- F. ESTABLISH FREQUENCY OF CONFERENCES WITH PROFESSOR.

IV. OBJECTIVES

STATE THE OBJECTIVES OF YOUR STUDY AND THE CRITERIA BY WHICH YOUR GRADE IN THIS COURSE IS TO BE DETERMINED. These will be such things as information acquired, acuity of reasoning, accuracy of answers, ability to draw reasonable inferences, beauty of expression in music, poetry, language, the plastic and graphic arts, capacity to formulate good questions, and the ability to generate ideas.

I AGREE TO PROVIDE A COMPREHENSIVE PLAN FOR MY PROFESSOR BY THE DATE INDICATED BELOW. IF THE PROFESSOR AND I CANNOT AGREE ON THE SPECIFIC PLAN, I WILL WITHDRAW FROM THE COURSE BY STANDARD COLLEGE PROCEDURES		
PROJECT BEGINNING DATE	COMPREHENSIVE PLAN DUE DATE	PROJECT COMPLETION DATE
COMPREHENSIVE PLAN APPROVED		
PROFESSOR'S SIGNATURE	DATE	
DEPARTMENT CHAIR SIGNATURE	DATE	
I FURTHER AGREE TO COMPLETE ALL OBJECTIVES OF THIS INDEPENDENT STUDY AND SUBMIT THE PROOF OF EVIDENCE TO MY PROFESSOR. IF IT BECOMES EVIDENT THAT I CANNOT COMPLETE THE ABOVE CLASS BY THE END OF THE SEMESTER, I WILL ASK TO RECEIVE AN EXTENSION WITH A GRADE OF "IN PROGRESS". ALL "IP" GRADES MUST BE COMPLETED WITHIN ONE (1) YEAR. IT IS THE RESPONSIBILITY OF THE STUDENT TO COMPLETE THE REQUIREMENTS OF THE COURSE, AS DIRECTED BY THE INSTRUCTOR. IF NO WRITTEN EXTENSION IS RECEIVED AND/OR APPROVED BY THE PROFESSOR, A "NCR/F" GRADE WILL BE ISSUED..		
STUDENT SIGNATURE:		DATE: