Application for Independent Study
(Return to Records and Registration with required signatures)

Student’s Last Name_________________________________________ First Name_______________________M.I.____
Student ID# ________________________     Current Phone Number____________________ Date ________________

Guidelines and Limitations

The college’s independent study program applies to courses which are necessary to a student’s curriculum but which are
not scheduled when the student may enroll. A student may enroll in such a course on an independent study basis within
the guidelines and limitations listed below.

1. The course is necessary to the student’s educational program.
2. No acceptable substitute course is available.
3. The course is unavailable at a time when the student can enroll and will not be available in another term.
4. The student must be capable of completing the course on an independent basis with limited supervision and
teaching.
5. The subject matter lends itself to independent study. Courses that require laboratory supervision will normally be
excluded.
6. The Academic Dean will review the request for independent study and make the final decision as to whether it
will be approved before the student may register.

Procedure

1. The student must complete the form below. Student must provide complete information concerning reasons for
needing the course based on the above guidelines.
2. After the student and instructor have signed the form, it should be sent to the Dean.
3. If all signatures are obtained, copies will be made and distributed by the Vice President’s office to the persons
listed.
4. Enrollment Services will register the student when all necessary signatures are obtained.

Course ID and Title: ____________________________________________
Terms to be taken: _______ [Fall] _______ [Spring] _______ [ ] Summer

I wish to take this course as independent study because (see guidelines and limitations above):
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

TURN OVER
Instructor fills out with student:

In order to complete the requirements for this course, the student will do the following (be specific; include course syllabi and plan for regular meetings):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature: ___________________________ Date: __________

Faculty Member:

I have discussed this course with the student and agree to serve as the independent study instructor during the [ ] term. The student will receive [ ] credit hours upon completion of the course.

[ ] Request that the bookstore order the book.

Instructor’s Signature: ___________________________ Date: __________

Dean:

I have discussed this course with the instructor:

[ ] Approved           [ ] Disapproved

Dean’s Signature: ___________________________ Date: __________

Original: [ ]Student file, Enrollment Services
[ ]Student
[ ]Instructor
[ ]Dean
[ ]Cashier
[ ]Bookstore

To be completed by VP office:

<table>
<thead>
<tr>
<th>Course ID:</th>
<th>Added by:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student enrolled on:</td>
<td>By:</td>
<td></td>
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