APPLICATION FOR INDEPENDENT STUDY IN ACADEMIC WORK

This form is to be filled in by students who intend to engage in a self-directed or Independent Study (IS) plan of study.

A. Student Details (please print in CAPITAL LETTERS)

Last Name: _____ Matriculation ID: ☐☐☐☐☐☐☐

First Name: _____ Contact Telephone: _____

Address: _____ 2._____

P.O Box: _____ Email: _____

Matriculation Year: Term:..... Academic Year.....

B. Program and Course Details

Program Code: ..... Program Name: .....

Student Major:: ..... Student Minor .....

Term student will register for IS Course: Term:..... Academic Year.....

IS Course ID: ..... Course Title: .....

Instructor: .....

Other Courses that will be taken simultaneously with the Independent Study:

Course Code	Course Title	Instructor

C. Independent Study Details

State the primary goals of the Independent Study (Use additional paper if necessary):

How often (in hours) do you plan to meet with the instructor?

Date	Time	From	To

D. Student Declaration

I have read and understood all the Independent Study material provided to me, which includes the following:

- ☐ **Syllabus**
- ☐ **Reading List/Course Notes**
- ☐ **Grading Criteria**
- ☐ **Lesson Plan**
- ☐ **Assignments**
- ☐ **Exams**
- ☐ **Course Deadlines (For Assignments, Exams, Projects)**
- ☐ **Final Completion Data**

I understand that Independent Study is subject to availability of instructor and receipt of the IS application form within normal registration periods.

Student Signature: _____ **Date:** _____

Instructor Signature _____ **Date:** _____

Office Use Only

Independent Study Checklist:

1. Student has a GPA of 2.50: ☐ Yes ☐ No ☐ Waived (IS is required for Program)

   Comments:.....

   .....

2. Student has already done 3 credits of IS in current Academic Year:

   ☐ Yes ☐ No ☐ Waived

   Comments:.....

   .....

Date	Action Taken	Details of Approving Officer
_____	☐ Approved ☐ Rejected	**Name:** _____
Notes:.....		**Title** _____
.....		**Signature**:_____