



Request for Independent Study

Semester: Fall Spring Summer I Summer II Year: _____

When is an Independent Study appropriate?

<http://catalog.uncfsu.edu/undergraduate/academic-regulations/independent-study.htm>

Is student in his/her senior year of study? # FSU Earned Hrs: _____ Yes No

Is the class needed to complete graduation requirements? Yes No

Is the course offered this semester in a regular class format? Yes No
If the course is offered this semester, then you may not request an Independent Study.

Is the class at least 8 weeks in duration? Yes No

Student's Name: _____ Banner ID: _____ Cumulative GPA: _____

Course Subject and Number: _____ Course Title: _____

Course Schedule (Days and time): _____ # of Weeks: _____

Meeting Location: _____ Total Contact Hours: _____ (Equivalent to regular course contact hours)

Brief description of course content to be covered:

Describe how student learning will be assessed (discussions, written assignment, study guides, exams, etc.)
(Please attach a copy of the course syllabus for this independent study)

Faculty (Print & Sign): _____ Date: _____ Approved Disapprove

Advisor (Print & Sign): _____ Date: _____ Approved Disapproved

Department Chair: _____ Date: _____ Approved Disapproved

Dean (School/College): _____ Date: _____ Approved Disapproved

Submit to the Office of the Registrar after all required signatures have been obtained.