REQUEST FOR INDEPENDENT STUDY

Independent Study cannot be used to resolve schedule conflicts. Students are not allowed to register for classes that meet at the same time.

Student Name: ___________________________ ID: ___________________________
Classification: ___________________________ Term: ______________________
Date: ___________________________ Phone: ______________________

Course Title: ___________________________

Disc Code (ex. ENGL) ________ Course Number (ex. 101) ________ Section Number (ex. 001 or F7W) ________ #Credits ________

Reason(s) for this Request:

______________________________________________________________________________

My eligibility to enroll in a course for independent study must be verified and reviewed by the appropriate department prior to submission to the Registrar Office for final approval of enrollment.

As a CSU student, I have accumulated 64+ credits and have applied through the respective Academic Department and Division Dean to take a course on an independent study basis. I have maintained satisfactory academic standing with a minimum cumulative GPA of 3.0. My academic load must be restricted to 19 semester hours or less during the semester in which I have requested an independent study option. I cannot be approved for more than one (1) course per semester of independent study. Further, I understand that no more than 12 semester hours of independent study are allowed towards degree completion. *Provost must validate the request if cumulative GPA is less than 3.0.

______________________________________________________________________________

Student Signature ___________________________ Date ___________________________

TO BE COMPLETED BY ACADEMIC AREA

Reason for approving request: Low Enrollment □ Course not offered □ Health □ Other □ (Explain on back)
Instructor: Attach the plan of work to be completed to the attention of the Department Chairperson and Division Dean.

______________________________________________________________________________

Signature of Instructor Approved □ Disapproved □ Date ________________

Signature of Chairperson Approved □ Disapproved □ Date ________________

Signature of Dean Approved □ Disapproved □ Date ________________

*Signature of Provost Approved □ Disapproved □ Date ________________

Verification of Eligibility

Completed 64 or more credits Yes □ No □ Verified GPA: ______ Approved □ Disapproved □

______________________________________________________________________________

Verifier (Records Office Staff) ___________________________ Date ________________

OFFICE USE ONLY

Received by __________ Date ________________ Processed by __________ Date ________________

Revised November 2019