

First Name:

Middle:

Last Name:

Banner Number:

E-mail:

Independent Study Supervisor:

Supervisor E-mail:

Department:

Course Prefix and Number:

Number of Credits:

Semester:

Year:

Title of Independent
Study Project:

Description or Statement
of Project:

Learning Goals:

Requirements of Project:

Method of Evaluation of
Study / Project:

Student's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

Associate Dean Signature: _____ Date: _____

Once this form has been signed by the student, supervisor, and department chair, please send to the College of Arts and Sciences Dean's Office to obtain the appropriate associate dean's signature. Copies of the completed form will then be distributed as follows: three (3) copies to the department for 1) the student, 2) the supervisor, and 3) the department chair / department files, one (1) copy to the Office of Academic Advising. The original will be kept in the CAS Dean's Office.

If the independent study course number is not included on the course schedule for the requested semester, then the academic department must also submit a **"Request for Addition to Current Schedule"** form. **An independent study contract cannot be approved unless the course number is on the course schedule.**

The Addition to Schedule form can be found at <http://sites.jcu.edu/registrar/pages/faculty-and-staff/forms/>

In order for a student to register for an independent study, the department chair will need to complete a **registration override / waiver form** (gold card from the Registrar's office) for the student. The student will need to take the form to Rodman 205/206 to register for the course.