INDEPENDENT STUDY

NAME:___________________________________________  Date of Birth:___________________________

ADDRESS:________________________________________  SFSC ID #:_____________________________

__________________________________________________  TERM:__________YEAR:________________

BEGINNING DATE:________________________________  PHONE #:_____________________________

COURSE TITLE________________________________________  ENDING DATE:________________________

If this is an Apprenticeship, Clinical, CO-OP, Internship, Practicum or Work Experience What is the name of business and location?
___________________________________________________________________________________________________________

NUMBER OF CREDIT HOURS__________________   COURSE PREFIX & #_______________________

DL CODES: Instructional Method: C, D, HB, _______   Technology Delivery (session) H, I, M, N, V, W _______
Schedule Type:  APR, COE, EX, H, HB, I, L, N, PRC, S, V, W ________

REASON (S) FOR REQUESTING INDEPENDENT STUDY

1. __________MEDICAL     3.  __________LAST TERM
2. __________COURSE REQUIRED FOR GRADUATION 4.  __________OTHER____________________

REQUIREMENTS:

1.  WRITTEN ASSIGNMENTS:___________________________________________________________

2.  EXAMINATIONS:___________________________________________________________

3.  CONSULTATIONS:___________________________________________________________

4.  COMPLETED DATE:___________________________________________________________

5.  SYLLABUS ATTACHED:___________________________________________________________

  INSTRUCTOR’S SIGNATURE_________________________ DATE___________________________

_____APPROVED     _____DENIED     DEPARTMENT CHAIR_____________________ DATE______________

_____APPROVED     _____DENIED     DEAN_____________________ DATE______________

ASSIGNED TO:_________________________________________________________

_________________________________________________________ INSTRUCTOR’S NAME (PLEASE PRINT)
PROCEDURE FOR INDEPENDENT STUDY

1. May be initiated by student or instructor.

2. Student completes top section, with pertinent information.

3. Either the student or instructor provides the “course prefix, course number, course title, and number of credit hours.”

4. Instructor completes “REQUIREMENTS” section.

5. Instructor delivers paperwork to appropriate Department Chair for signature. This applies to courses at all Campus/Center locations.

6. Department Chair delivers paperwork to appropriate Dean for signature.

7. Paperwork is forwarded to Registrar so that a CRN can be built.

8. Once the CRN has been built, the Registration Data Specialist adds the student’s name, course number and CRN number to the list of approved Independent Studies, and forwards this information to all registration personnel at all campuses/centers.

9. This paperwork must be completed for each student requesting an independent study, even if there is an independent study CRN already built for the specified class. If a regular class is to be converted from Standard Lecture to an Independent Study, you must provide a listing of all students in the group, their social security number, and student signature.

10. Students registers.