

Deadline: This form with attachment **should** be submitted during the registration period. It **must** be submitted by the course add/drop deadline at the beginning of each term.

Attach Course Syllabus: The attached course syllabus must be created by the instructor who will be supervising the independent study (NOT the student) and must include a course description, listing of course topics (with dates), course objectives, and an assessment plan. This form with the attached syllabus must be submitted by a faculty member: either the instructor, the student’s advisor (if course load >21 credits), or the Department Head (if instructor is an adjunct).

Student Information (Part 1):			
Student LAST Name:			
	[PRINT CLEARLY]		
Student FIRST Name:			
	[PRINT CLEARLY]		
Student Major:	<input type="checkbox"/> BSE <input type="checkbox"/> CE <input type="checkbox"/> ChE <input type="checkbox"/> EE <input type="checkbox"/> ME	Grade Level:	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Grad
Residential Address:			
Contact Information:	Email:	Phone:	

Independent Study Course Information (Part 2):			
Course Code:		Number of Credits:	
Course Title:			
Semester this course will be taken:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year:	
Total Semester Credits: (including this course) Note: If over 21 credits, you will need an approval from your advisor.		GPA:	

--- STOP HERE: Please save file as is and email document to Betsy Quitugua in the Dean’s Office. Betsy will take care of signatures. ---

Required Signatures (Part 3):	
Student Signature:	(Sign) _____ Date: _____
Instructor Signature:	<input type="checkbox"/> Check here if Instructor is an Adjunct Professor** (Print) _____ Date: _____ (Sign) _____
Advisor Signature:	(Print) _____ Date: _____ (Sign) _____
Department Chair Signature: ** (Sign here <u>ONLY</u> if instructor is an Adjunct Professor)	Department associated with course: <input type="checkbox"/> CE <input type="checkbox"/> Ch <input type="checkbox"/> ChE <input type="checkbox"/> EE <input type="checkbox"/> MA <input type="checkbox"/> ME <input type="checkbox"/> PH (Print) _____ Date: _____ (Sign) _____
Dean Signature:	(Sign) _____ Date: _____