ALTERNATE COURSE INSTRUCTION OR CREDIT



This form must be submitted prior to the first-class day.

| Division of | Cou | rse Prefix, Number, and Section | |
|---|---------------------------------|--|--|
| Course Title | | | |
| Semester/Year | | | |
| Alternate Instruction/Credit Meth | nod | | |
| FOR INDEPENDENT STUDY COUR | <u>SE</u> | | |
| STUDENT INFORMATION (This se | ction to be completed | by student) | |
| Name | | Student ID | |
| Email | | Phone | |
| Date of Application | Major | Classification | |
| Current GPA Cumulative | Major | | |
| Prerequisite(s) Completed (if app | <i>licable)</i> List Course, Se | mester, Year, and Grade Earned | |
| | | | |
| | | | |
| | | | |
| FACULTY INFORMATION (This see | · | | |
| Name | | Email | |
| Instructor's Independent Section | # | | |
| Please check one: | | | |
| The faculty member has n | o more than three stu | dents per semester or summer session for this course. | |
| • | | nts per semester or summer session for this course. Please | |
| provide a reason for the e | xception in the box be | low. | |
| | | | |
| | | | |
| Independent Study Anticipated C | ompletion Date | | |
| Please use DegreeWorks to obtain Please indicate below the numbe | | courses this student has completed | |
| Number of undergraduate indepe | endent study courses c | ompleted | |
| Number of graduate independen | study courses comple | eted | |
| I verify that the student hat the degree they are seeking | | umber of independent study courses that may be applied to | |

Course Requirements

This document is a contract between the instructor (advisor/sponsor) and the student. Deviations from this contract should be updated and documented to the extent possible by the instructor and student. Students are expected to devote at least three hours of independent work per week for each unit of credit (e.g., nine hours per week for three credit hours of independent study).

| a) | Meeting requirements with the instructor (e.g., individual meetings, lab meetings, etc.). Include the day/time of weekly or bi-weekly meetings. | | |
|---------------|---|--|--|
| | weekly of at weekly meetings. | | |
| | | | |
| | | | |
| b) | Readings (and due dates, if relevant): | | |
| | | | |
| | | | |
| c) | Written assignments (length and due dates, if releva | nt): | |
| | | | |
| | | | |
| d) | Other assignments (please describe): | | |
| | | | |
| | | | |
| e) | Other information: | | |
| | | | |
| | | | |
| f) | Describe the work plan (100 words maximum) or att | ach a syllabus: | |
| , | | | |
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| | | | |
| Please class. | e outline the reason(s) this student is unable to enroll | | |
| Class. | | | |
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| | y and Student Responsibilities read the requirements expected of the instructor, ago | ree to undertake these responsibilities, and will abide by | |
| | sponsibilities of Faculty. | ce to direct take these responsibilities, and will ablae by | |
| Instruc | ctor I | Date | |
| | read the requirements expected of the student, agreensibilities for students. | e to undertake these responsibilities, and will abide by the | |
| - | | Date | |
| | | | |

| This application for Independent Study has been reviewed. The proposal is: Approved as provided on this form. Required additional information. Please provide details and return to the instructor and student. Not approved. Please provide a rationale below. | | | |
|--|---|--|--|
| Troc approved. Frease provide a rationale sciow. | | | |
| Chair/Dean Date | | | |
| If the Chair is the student's independent study instructor, this form mu | st be signed by the Chair's Dean. | | |
| Note : Departments/Curricula must maintain a copy of this contract for | r a minimum of four years. | | |
| Provost & Senior Vice President of Academic Affairs | Date | | |
| For Alternative Course Credit Is the student attending a graduate class for undergraduate credit undergraduate cr | der a 489-course number? | | |
| If yes, please provide the course prefix, number, and section | | | |
| Is the student attending an undergraduate class for graduate credit ur | nder a 589-course number? | | |
| If yes, please provide the course prefix, number, and section | | | |
| Outline the learning objectives you expect the student to meet. (State the student will be evaluated at the end of the course. Accepted acade hours of student effort to complete a three-semester credit hour cour the appropriate number of clock hours you expect the student to devel | emic standards require a minimum of 135 clock rse satisfactorily. Outline your work plan with | | |
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| Student Signature | Date | | |
| Instructor of Record | | | |
| Chair | | | |
| Dean | | | |
| Provost & Senior Vice President of Academic Affairs | Date | | |