A student may register for an independent study course (198/298/398/498) in an area of interest that is not available as a regularly offered course; under special circumstances (such as the unavailability of a required course), a student may take a regular course as an independent study. All independent study applications require the approval of the instructor, department chair, advisor, and Registrar. A student may register for an Independent Study for any unit increment from .2 units up to 1 unit. **Students may not receive credit for more than one independent study course per quarter nor for more than two units in independent studies during degree completion.** Independent Study applications are due in the Registrar's Office by 5 p.m. Friday of the first week of the quarter.

ID# __________________ Name: ______________________________________________________ [Please print]

Major(s)___________________________________________________________________________

Anticipated Graduation Date: _____________________ Advisor(s) ____________________________ [Signature required below]

Department of ___________________ Director/ Instructor: ________________________________ [Signature required below]

Quarter of Registration: FA WI SP __________ [Circle One] [Year] Registration: ___ 198 ___ 298 ___398 ___498 (NOTE: Registration number is based on level of instruction)

OR

Regular course substitute: __________________________ [Indicate course number and title]

Brief Project Title for Transcript __________________________________________________________________ [Limit 25 characters including spaces]

**Required Signatures**

**Student:** Your signature below indicates that you are familiar with the independent study regulations and that you have met with your advisor and the instructor to discuss the expectations of your project.

Student Signature: __________________________________________________________ Date: __________

Instructor Signature: __________________________________________________________ Date: __________

Department Chair Signature: ______________________________________________ Date: __________

Advisor Signature: __________________________________________________________ Date: __________

__________________________________________________________________________________________________________

FOR OFFICE USE ONLY:

# of Prev Indep Study ______ Dept/Nbr/Section: _________ - _________ - ________ Create course ______ Register _______

Last revised: 9-19-19