
Independent Study Application Form – Undergraduate

INSTRUCTIONS: This document is to be filled out by the student in consultation with the project sponsor. Please download the forms completely and open in Adobe Reader or Acrobat before filling in the appropriate information. Please save as a PDF and obtain all of the required signatures culminating with the Dean's approval. **Completed forms are due in the Dean's Office no later than the first day of classes.**

Course Information

Subject Code: _____ 499 Select number of credits requested*: _____ (*Three (3) credits are typical.
Check with department if requesting more than three.)

Proposed for "W" credit? _____ (yes or no) (If yes, complete & attach the Writing (W) Course justification form.)

Semester/Session for which permission is requested: Year: _____ Fall: ___ Spring: _____ or
Summer Session: [A ___ B ___ C ___ | 5wks ___ 6wks ___]

Student, Academic Advisor, and Faculty Sponsor Information

Student's Full Name: _____ Student ID: _____

SCSU username: _____ Phone: _____

Student Status: (Fr) _____ (So) _____ (Jr) _____ (Sr)

Advisor: _____ Department: _____

Faculty Sponsor: _____ Chairperson: _____

Signature Section

Student: _____ Date: _____

Academic Advisor: _____ Date: _____

Faculty Sponsor: _____ Date: _____

Dept Chairperson/Director: _____ Date: _____

Academic Dean: _____ Date: _____

W-Course Credits: _____ Approved _____ Denied _____ Not Applicable

Academic Dean: _____ Date: _____

