APPLICATION FOR INDEPENDENT STUDY

PLEASE READ THE GUIDELINES BEFORE COMPLETING THIS FORM.
ALL ITEMS MUST BE COMPLETED BEFORE APPROVAL SIGNATURES ARE OBTAINED.

NAME: ____________________________ Last First Middle Initial ____________________________________________ DATE: __________________________ CUMULATIVE GRADE - POINT AVERAGE: __________________________

COURSE ALPHA CODE AND NUMBER ___________________ CREDITS ________ SEMESTER ________ 20 ______

SECTION NUMBER ___________________________

Number of other Independent Study credits to be earned the same semester Total of prior Independent Study credits in semester credit equivalents: __________________________

1. DESCRIPTION (Subject matter, purpose, methods) ________________________________________________

______________________________________________________________________________________

2. RATIONALE (Why independent study rather than regular course?) ______________________________

______________________________________________________________________________________

3. PREPARATION (Relevant course work, reading, work experience, etc.) __________________________

______________________________________________________________________________________

4. WORK TO BE COMPLETED
(a) Type and amount of reading, writing, lab work, etc. _________________________________________

______________________________________________________________________________________

(b) Estimated contact hours per week with instructor: ______________________ (c) Deadline for submitting work for final evaluation: ______________________

(d) Evaluation procedure: ____________________________________________________________

______________________________________________________________________________________

STUDENT’S SIGNATURE ______________________ PHONE ______________________________

APPROVALS

Instructor __________________________ Date __________________________

Academic Adviser __________________________ Date __________________________

Chairperson, Department Offering Course __________________________

DISTRIBUTION (By Department Offering Course)
Chairperson, Dept. Offering Course __________________________

Student __________________________

Instructor __________________________

Photocopies should be sent, per College preference, to:
Asst. Dean, Student’s College Adviser __________________________

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01/01
MICHIGAN STATE UNIVERSITY

GUIDELINES AND APPLICATION
FOR INDEPENDENT STUDY

DEFINITION

At Michigan State University, Independent Study is planned study, highly individualized, not addressable through any other course format, proposed in writing by the student on a standard form, accepted for supervision by a faculty member, and approved by the student’s academic adviser and the teaching unit at the beginning of the semester.

GUIDELINES

Independent Study should:

1. Consist of work not described in the University catalog in any other format;

2. Be taken under a course number commensurate with the student’s class level, major field, and experience;

3. Relate to a subject for which the student has adequate preparation;

4. Be directed by a faculty member with whom there is a periodic contact and consultation throughout the study;

5. Not exceed eight semester hours of credit in a single semester;

6. Not exceed 10% of the credits earned in a bachelor’s program;

7. Be applied for on the form provided by the University, or any equivalent departmental or College form;

8. Be approved on this form before the student enrolls for the course.

APPLICATION AND ENROLLMENT

Please complete the form on the reverse side, obtaining indicated approvals and necessary overrides before enrollment for the course: