APPLICATION FOR INDEPENDENT STUDY

Please Type or Print

NAME: ____________________________  Last  First  Middle Initial

PID: ____________________________  LEVEL: ________  CLASS: ________  MAJOR: ________  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: ____________________________

Student: ____________________________

Instructor: ____________________________

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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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: