

- ❖ Independent Study offers students an opportunity to do self-directed, advanced work in an area of academic interest with the guidance of a faculty member. The topic of the independent work must extend beyond the scope of courses offered in any discipline area. The academic work is usually completed in one semester.
- ❖ An Independent Study typically **does not apply to General Education requirements**: to use an Independent Study to satisfy this requirement, the student must petition the Scholastic Review Board no later than the end of the term before the student intends on completing the independent study.
- ❖ Students may enroll in an Independent Study for **1 to 6 credits**.
- ❖ Existing Wheelock courses cannot be taken as independent studies.
- ❖ All requests for Independent Study must be proposed, approved and submitted to Academic Records by the end of the add period in the term the student intends on completing the independent study.

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Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
Program \_\_\_\_\_ Academic Advisor \_\_\_\_\_  
Semester/Year for the Independent Study \_\_\_\_\_ Number of Credits \_\_\_\_\_  
Independent Study Title \_\_\_\_\_  
Grading Option (Letter or Pass/Fail) \_\_\_\_\_ Independent Study Advisor \_\_\_\_\_  
(please sign legibly)  
Deadline by which you will submit your completed work \_\_\_\_\_

Will this count as an advanced course?  Yes  No If yes, \_\_\_\_\_  
Department Chair Initials

Will this count as a general education requirement?  Yes  No  
If yes, do not complete this form now. You must get approval from the Scholastic Review Board for this to count as a general education requirement before it is approved by the instructor. Complete this form after receiving SRB approval.

Are you meeting a requirement with this course?  Yes  No  
If yes, which requirement? \_\_\_\_\_

Please attach a brief description of study, outline of methodology, bibliography, timetable and reason for selecting the study.

Please return this form with all signatures to Academic Records and Registration, ACW 1<sup>st</sup> floor

Student \_\_\_\_\_ Date \_\_\_\_\_

Independent Study Advisor \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Academic Dean \_\_\_\_\_ Date \_\_\_\_\_

Vice President of Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_

Registrar Use Only

Course created \_\_\_\_\_ Completed by \_\_\_\_\_ Date \_\_\_\_\_