

REQUEST FOR INDEPENDENT STUDY

Independent Study cannot be used to resolve schedule conflicts. Students are not allowed to register for classes that meet at the same time.

Student Name:		ID:	
Classification:		Term:	
Date:		Phone:	
Course Title:			
Disc Code (ex. ENGL)	Course Number (<i>ex. 101</i>)	Section Number (<i>ex. 001 or F7W</i>)	_ #Credits
Reason(s) for this Reques	t:		

My eligibility to enroll in a course for independent study must be verified and reviewed by the appropriate department prior to submission to the Registrar Office for final approval of enrollment.

As a CSU student, I have accumulated 64+ credits and have applied through the respective Academic Department and Division Dean to take a course on an independent study basis. I have maintained satisfactory academic standing with a minimum cumulative GPA of 3.0. My academic load must be restricted to 19 semester hours or less during the semester in which I have requested an independent study option. I cannot be approved for more than one (1) course per semester of independent study. Further, I understand that no more than 12 semester hours of independent study are allowed towards degree completion. *Provost must validate the request if cumulative GPA is less than 3.0.

Student Signature		Date		
FO BE COMPLETED BY ACADEMIC A				
Reason for approving request: Low Enr <i>Instructor: Attach the plan of work to be comp</i>				
instructor. Attuen the plan of work to be compl			rperson una Division Dean.	
Signature of Instructor	Approved Dis	sapproved	Date	
Signature of Chairperson	Approved Dis	sapproved	Date	
Signature of Dean	Approved D	isapproved	Date	
*Signature of Provost	Approved D	isapproved	Date	
Verification of Eligibility				
Completed 64 or more credits Yes \Box N	o \Box Verified G	PA: Ap	proved Disapproved	
Verifier (Records Office Staff)		Dat	te	
Received by Date	OFFICE USE ON		r Data	
Received by Date		FIOCESSED Dy	y Date Revised February 2021	