Authorization to Enroll in an Independent Study

STUDENT INFORMATION:

Student ID: @ ________________________________ Phone: ________________________________
Name: Last __________________________________ First ________________________________ M.I. _____
Major: ____________________________________________
Term: (Check One): ☐ Fall 20___ ☐ Wintersession 20___ ☐ Spring 20___ ☐ Summer 20___ Session ___
Subject: _____ Course Number: _______ Credit Hours: _________ Is this Honors Credit: ☐ Yes ☐ No
Title of Proposed Independent Study*: ____________________________________________________________________________
__________________________________________________________________________

*Please attach a detailed description of the proposed independent study.

Justification for requesting the Independent Study: ________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
Student Signature: ____________________________________________ Date: __________
Advisor Signature: __________________________ Printed Name: __________________________ Date: ___________

To be completed by the faculty member agreeing to supervise this independent study:

1. If this independent study is for the 1st or 2nd semester, is your assigned faculty load for the semester at least 11 semester hours or its equivalent? ☐ Yes ☐ No
2. If this independent study is for a summer session, are you scheduled as an instructor for at least one 3 semester-hour course during the session of the proposed independent study? ☐ Yes ☐ No

Management will not approve, nor shall a faculty member accept students for more than (9) academic credit hours of independent study per semester/session.

Faculty supervising independent study __________________________ Printed name __________________________ Date __________

The chairperson of the department offering the independent study should list below the names of two additional faculty members who will serve on the Independent Study Committee:

(1) ____________________________________________ (2) ____________________________________________

REQUIRED SIGNATURES:

Department Chairperson offering the independent study __________________________ Date __________
__________________________ Date __________
Department Chairperson of student’s major __________________________ Date __________
Director of Honor’s Program, if student is seeking honors __________________________ Date __________
Dean of student’s major __________________________ Date __________
Dean of faculty supervising independent study __________________________ Date __________
Dean of Graduate Studies, if applicable __________________________ Date __________

Mail or Fax Completed Form to: Office of Records and Registration, Edinboro University, Hamilton Hall, 210 Glasgow Rd, Edinboro, PA 16444, Fax: 814.732.2130, Phone: 814.732.5555

Continued

Date __________
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**Independent Study**

**Policy**

The Independent Study Program aims to serve students whose scholarly bent seems most clearly adapted to independent work. Such persons are permitted to attack problems and earn elective credit for work performed outside the classroom requirements of any specific course in the curriculum. Students enrolled in the Honors Program are automatically eligible for independent study participation.

Students are selected for independent study on the basis of recommendations from their faculty advisors and from instructors most acquainted with their capabilities. Students may not elect independent study before the third semester of their work so as to ensure ample time for their demonstration of capability and time for observation by the faculty. Independent study may be carried on within (and earn 2, 3, 4, or 5 credits toward) either the general education electives or the student’s chosen area of concentration, or both.

**Procedure**

Application to enroll in an independent study project should be made on the appropriate form. It is available from the department chairperson and the Office of Records and Registration. The student is to consult with his/her advisor to determine the appropriateness of the student’s request for independent study approval. The advisor will initiate the approval process by signing the independent study application form. The Study Committee shall consist of the instructor of record and two additional department members. The approval of both the School Dean in which the study is undertaken and the Dean of the instructor of the course is required on the form before the study is undertaken. After approval for a specified number of credit hours, the student will register no later than the last day of registration for the specified and approved Independent Study course.

Under this independent study program, the student’s achievement is evaluated by the Study Committee described above. This committee will review the quality of work submitted as a result of the student’s independent work in studio, laboratory, library or in field investigation. Independent study may also cut across departmental lines; e.g., a semester of research on some phase of “Elizabethan England” might be evaluated jointly by members of the Art, English, History and Music departments, if the work submitted involves interrelated study related to each of these several disciplines. In such interdisciplinary cases, the committee would be composed of representative from each department concerned.

The grade will be determined by the instructor of record in all cases.