Undergraduate Independent Study

This form must be processed before the 10th day of any semester or term. It is the student's responsibility to complete this form and type a one page abstract after discussing the independent study with an appropriate faculty member. The department secretary will create a section number for the independent study and enroll the student.

Instructions to Student -- Proposal and Objectives:

Be as specific as possible, stating your proposal and listing all objectives and activities. Describe content to be covered, products to be produced, and how the experience will be evaluated. Type proposal and objectives on a separate sheet and attach to this form.

THE INDEPENDENT STUDY COURSE IS ONLY GRADED S/U.

Date: __________

Student: ____________________________ ID #: ____________________________

Email: ___________________@bgsu.edu Phone: ____________________________

Title of Study (under 25 characters)

STUDENT____________________________________ DATE__________________

Instructor complete the following:

A student will pursue problems that entail activity or content that is not covered by any course in our current inventory.

Request for approval of _______ hours credit to be taken _______ (semester year).

For a summer please specify which term (1st 6-wk, 2nd 6-wk, or 8-wk)

☐ ARCH 4900 ☐ ECET 4900 ☐ AERT 4900
☐ CONS 4900 ☐ MET 4900 ☐ VCT 4900
☐ TECH 4900 ☐ ENGT 4900

ENDORSEMENT: The problem as proposed on the attached sheet, if pursued and concluded successfully, merits the academic shown above. I am willing to work with the student on this project with the understanding that the student is capable of engaging in independent study and can benefit from same.

Approval signatures:

Instructor: ____________________________

Chair: ____________________________

Dean: ____________________________

After this form is approved and signed with the appropriate signatures, the department secretary will assign a section number and enroll the student in the class.

Assigned Section ______________ Initial/Date____________