Graduate Independent Study Form

You are requesting an independent study. For your application to be approved, you must be an admitted student and provide a detailed outline of your proposed work. This form must be completed and the appropriate signatures obtained before you can register for the course. If more space is required in any category below, please continue on another page.

Today’s date _____________________________

Student ID ________________________________________________________

Last name __________________________________________________________

First name __________________________________________________________

MI _________________________________________________________________

Degree: ___________________ Major: ________________________ Concentration: ______________________

Course dept/Number ________ Number of Credits ________

Independent Study Title: _____________________________________________

Limited to 30 characters

Instructor: _____________________________________ Start Date: _____/_____/_____ End Date: _____/_____/_____

ABSTRACT: (Overview of Proposal) ___________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

OBJECTIVES: (What are the specific learning outcomes which will result from this experience?) ____________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

PROCEDURES: (What specifically will the student do to meet those outcomes?) ________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

PROPOSED BIBLIOGRAPHY: _______________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Student Signature: _____________________________________________________________ Date: _____/_____/_____

An instructor may agree to sponsor an individual or may refuse out of respect for his or her regular teaching, research and services. Instructors are not required to supervise independent studies. Approvals must be completed before course work begins.

Approved: ☐ Yes ☐ No _____________________________ Date: _____/_____/_____

Instructor

Approved: ☐ Yes ☐ No _____________________________ Date: _____/_____/_____

Academic Advisor

Approved: ☐ Yes ☐ No _____________________________ Date: _____/_____/_____

Program Coordinator

Approved: ☐ Yes ☐ No _____________________________ Date: _____/_____/_____

Department Chair

Approved: ☐ Yes ☐ No _____________________________ Date: _____/_____/_____

Associate Vice President of Academic Affairs

Approved: ☐ Yes ☐ No _____________________________ Date: _____/_____/_____

Associate Vice President for Academic Administration and Finance

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