



Independent Study Application Form

Please submit the completed and signed form to PSU-Registrar@Plymouth.edu

First Name _____ Last Name _____ Student ID _____

Please Check Degree/Certificate and List Majors/Concentrations/Options:

____ EdD ____ DPT ____ EdS ____ CAGS ____ MA ____ MAT ____ MBA ____ MEd ____ MS ____ APB ____ BA
____ BS ____ BFA ____ Certificate

Major (s) _____

Concentration(s)/Option(s) _____

Title (27 Characters or Less) – IS _____ Instructor _____

Discipline Code – _____ Course # _____ Credits _____

Term/year in which independent study will be taken: ____ Fall ____ Winterim ____ Spring ____ Summer Year _____

Which [part-of-term from the calendar](#) will this independent study be scheduled (e.g., first-half), _____

Please attach additional sheets to this form if more space is required in any category.

Objectives – What are the specific learning outcomes which will result from this experience?

Procedure – What specifically will the student do to meet those outcomes?

Proposed Bibliography

Student Signature _____ Date _____

Instructor Signature _____ Date _____

Department Chair/Coordinator/Designee _____
Signature/date

Processed by: _____ Date _____

8/2025