

INDEPENDENT STUDY REQUEST FOR A BSU LECTURE OR SEMINAR COURSE

[NOTE: For a Directed Study (499, 503), Internship, Practicum or Research, please use the appropriate form.]

INSTRUCTIONS FOR STUDENTS

1. Complete all sections of this application.
2. Obtain the signatures of your program adviser, the faculty member supervising your independent study in the BSU course listed below, the Chairperson of the Department in which the course is offered, and the Dean of the appropriate College (Humanities and Social Sciences, Business, Education and Allied Studies or Science and Mathematics).
3. Return the form to the Registrar's Office no later than the last day of drop/add for the semester/session.

TO BE COMPLETED BY THE STUDENT - PLEASE PRINT

NAME _____ MAJOR(S) _____

BANNER ID# _____ CLASS/LEVEL (circle) : FR SO JR SR PB Grad

REASON FOR REQUEST:

_____ This course will not be offered before I graduate.

_____ Other: _____

SEMESTER (Check one): YEAR _____

Fall _____ Spring _____ Summer I _____ Summer II _____ Summer 10 Week _____

Full Year (Sept-May) _____ Odd Date (specify start and end dates) _____

BSU COURSE NUMBER _____ (MAY NOT be xxxx 499, xxxx 503, research or an internship)

BSU COURSE TITLE (as listed in the BSU Catalog) _____

I understand that I will be responsible for working independently on all aspects of this course outside of a classroom setting, and must fulfill all course requirements as outlined in the Catalog and as specified by my faculty supervisor. Standard tuition and fees will be charged, and all academic and grading policies will apply.

STUDENT SIGNATURE _____ DATE _____

By my signature, I certify that this student is qualified to take this course and I approve this independent study. All course outcomes will be completed as if the course were taught in a classroom setting. Course supervision will be paid at a directed study rate.

ADVISER Signature _____ DATE _____

NAME OF FACULTY SUPERVISOR (PLEASE PRINT) _____

FACULTY SUPERVISOR Signature _____ DATE _____

DEPT CHAIR of BSU COURSE Signature _____ DATE _____

SCHOOL DEAN Signature _____ DATE _____

FORWARD APPROVED FORM TO REGISTRAR'S OFFICE FOR PROCESSING

For Office Use Only (via CRS-DIRSEC):

Section Created-DIR Schd Type _____ SSAPREQ=0CAA _____ CRN _____ Reg'd Student _____