INDEPENDENT STUDY/SPECIAL ARRANGEMENT

Please select one: ☐ Independent Study
☐ Course by Special Arrangement

STUDENT'S NAME: ___________________________ DIVISION: ☐ Day ☐ DGCE

COLLEGE-WIDE ID NUMBER: ____________ CELL PHONE: ________________

# CREDITS ENROLLED IN CURRENT SEMESTER: ________ CUMULATIVE GPA: ________________
(excluding this course)

1. How does this course fit into the student’s program of study and why is it NECESSARY this semester?

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

2. Attach SYLLABUS for details of the course, learning outcomes, readings, assessment and grading.

REQUIRED SIGNATURES:

1. __________________________

   STUDENT SIGNATURE

   If approved and registered for this course, please drop the following course(s) from my schedule: __________________________

   __________________________

   COURSE INSTRUCTOR SIGNATURE

   Printed Instructor’s Name: __________________________

2. __________________________

   DEPARTMENT CHAIRPERSON Signature

   Printed Chair’s Name: __________________________

3. __________________________

   IF NECESSARY, HONORS PROGRAM DIRECTOR SIGNATURE

4. __________________________

   DEAN’S SIGNATURE

Late Fee Applies: ☐ Yes ☐ No

☐ This form must be submitted by the last day of add/drop to the Dean of Undergraduate Studies.
☐ First-Year students are ineligible for these courses.
☐ A student may take no more than one Independent Study per semester, and no more than four in a degree.
☐ A $25 late add fee may apply if form is submitted after the end of the add/drop period.

___________ Date received by Registrar/DGCE

Rev. 6/2012