INDEPENDENT STUDY/SPECIAL ARRANGEMENT

WESTFIELD STATE UNIVERSITY
OFFICE OF THE REGISTRAR

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)

COURSE PREFIX	COURSE NUMBER	TITLE
CREDITS	SEMESTER/YEAR	COURSE INSTRUCTOR (PRINTED)

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

2. _____
COURSE INSTRUCTOR SIGNATURE DATE
Printed Instructor's Name: _____

3. _____
DEPARTMENT CHAIRPERSON SIGNATURE DATE
Printed Chair's Name: _____

4. _____
IF NECESSARY, HONORS PROGRAM DIRECTOR SIGNATURE DATE

5. _____
DEAN'S SIGNATURE DATE

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 $25late add fee may apply if form is submitted after the end of the add/drop period.***

_____ Date received by Registrar/DGCE

Rev. 6/2012