INDEPENDENT STUDY/SPECIAL ARRANGEMENT

WESTFIELD STATE UNIVERSITY OFFICE OF THE REGISTRAR

Please select one:		Independent S	Study		
		Course by Spe	ecial Arrangement	t	
STUDENT'S NAME: _			D	OIVISION: Day	□ DGCE
COLLEGE-WIDE ID N	NUMBER:		CELL PHONE:		
CREDITS ENROLLE (excluding this course)	ED IN CURRENT SEMEST	ΓER:	CUMULATIVE	GPA:	
COURSE PREFIX	COURSE NUMBER	TITLE			
CREDITS	SEMESTER/YEAR		COURSE INSTRUCT	OR (PRINTED)	
2. Attach SYLI	LABUS for details of the	e course, learnin		gs, assessment and ş	grading.
STUDENT SIGN STUDENT SIGN STUDENT SIGN STUDENT SIGN STUDENT SIGN STUDENT STUDENT STUDENT SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN				DATE	
COURSE INSTRUCTOR SIGNATURE Printed Instructor's Name:				DATE -	
DEPARTMENT CHAIRPERSON SIGNATURE Printed Chair's Name:				DATE -	
IF NECESSA	IF NECESSARY, HONORS PROGRAM DIRECTOR SIGNATURE			DATE	
DEAN'S SIG	NATURE Yes No			DATE	
✓ First-Year str✓ A student ma	ust be submitted by the la udents are ineligible for a by take no more than one of fee may apply if form is	these courses. Independent St	udy per semester, an	d no more than four	