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# Request for Independent Study Form

Complete the following form with your selected instructor. Independent studies must have a deliverable.

Name:

PSU ID:

Email:

**Faculty member who will be your instructor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course (for ex: ENGL 296): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of credits:** \_\_\_\_\_\_\_

**Semester/year for which you are enrolling:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Description of Independent Study

**Course Title:**

**Course Description:**

**Learning Objectives:**

**Course Activities:**

**Assessment** (Please be specific on how the course activities will be assessed):

**Meeting Times** (Please be specific on when you will meet with the instructor):

# Signatures

|  |  |
| --- | --- |
|  |  |
| Student Signature | Date |
|  |  |
| Instructor Signature | Date |

**For Office Use Only**

# Signatures

|  |  |
| --- | --- |
|  |  |
| Director of Academic Affairs Signature | Date |