**Simpson College**

**Request for Independent Study**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Simpson ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Submit this form and all supporting documentation to the Registrar’s Office.***

**Important Information:**

* This request form is for creating an independent study course.
* The course will be numbered 180, 280, or 380.
* This form must be submitted no later than the last day of the add period for the term. The dates of the add period are available online in the Academic Calendar.
* The Department Chair’s signature verifies that the department agrees to the offering of this independent study and how this course will affect faculty load.

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| --- |
| **COURSE INFORMATION NOTE: List only ONE course per form**  |
| **Term** | **Department** | **Number****(circle one)** | **Title****(Limit of 24 characters to be printed on transcript)** | **# of Credits** |
| ***Example*:****14/FA** | **ENG** | **180 280 380** |  **Y o u t h a n d P o e t r y \_ \_ \_ \_ \_ \_ \_ \_** | **4** |
|  |  | **180 280 380** | **\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** |  |

**Attach the following required documentation:**

1. Rationale for why the independent study is needed including an explanation of the role it will play in the academic program and why the need cannot be filled with current catalog offerings.
2. The learning objectives of the study.
3. Methods in which the learning objectives will be met.
4. Materials to be used in the study, including readings, resources, etc.
5. The nature of the final report (paper, film, recital, portfolio, etc.)
6. If the independent study is off-campus, also provide the following:
	1. Name and address of the organization, or other designation of site(s), at which the project will be done.
	2. What unique resources exist at the location of the project which require that it be conducted there rather than on campus?
	3. Describe and give evidence of the formal arrangements you have made to use those resources. An informative letter from a responsible official of the organization where the study will be done is adequate.

**For administrative use only:**

Senior VP and Academic Dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The signature of the Senior Vice President and Academic Dean is required only if the course offering falls outside normal full-time faculty load or outside of the normal academic year.