

CHADRON STATE COLLEGE

Request for Independent Study

(This form must be completed prior to enrolling in an independent study course)

Name _____ Student ID Number _____

Address _____ City _____ State _____ Zip _____

Student's CSC email address: _____

Course Prefix and # _____ Section _____ Term _____ Credit(s) _____

IS _____ Instructor _____

Title to appear on student transcript
(Maximum of 20 characters, including spaces) Completion Date _____

Attention Student/Instructor: Attach to this sheet a separate typed justification for this independent study. Please include the anticipated graduation date. The syllabus must include the following: measurable and appropriate student learning outcomes, a listing of all course activity, time-line for course completion, grading process, and standard CSC disclaimer page.

Agreements:

I agree to the learning activities, the timeline, and the manner in which the course will be graded.

Signature of Student _____ Date _____

This is the binding agreement for the course as agreed upon by the student and the instructor.

Signature of Instructor _____ Date _____

Approval:

Signifying approval to offer course and that Dean has the necessary resources to handle the independent study.

Signature of Dean of Curriculum _____ Date _____

Signifying the policies of the institution are upheld and that the expense can be justified.

Signature of Vice President for Academic Affairs _____ Date _____

Copies to: Start Office, Student, Instructor, TLC office, Business office and Dean Office.

Approval for payment at course conclusion:

Signifies a grade has been posted for this course, and sends completed form to the Human Resources Office for processing.

Signature of Academic Dean _____ Date _____

Copies to: Human Resources office